

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000000267

**Entity Name:** TALLY HILLS ESTATES SUBDIVISION, INC.

**Current Principal Place of Business:**

540 TALLY HILLS COURT  
MONTICELLO, FL 32344

**Current Mailing Address:**

PO BOX 27  
MONTICELLO, FL 32345

**FEI Number:** 20-5706049

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GOLLER, LINDA B  
540 TALLY HILLS COURT  
MONTICELLO, FL 32344 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** LINDA B. GOLLER

01/29/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            DANIELS, DAVE  
Address        347 TALLY HILLS COURT DRIVE  
City-State-Zip: MONTICELLO FL 32344

Title            VP  
Name            REECE, DANNY  
Address        535 TALLY HILLS COURT  
City-State-Zip: MONTICELLO FL 32344

Title            SECRETARY, DIRECTOR  
Name            GOLLER, LINDA B  
Address        540 TALLY HILLS COURT  
City-State-Zip: MONTICELLO FL 32344

Title            TREASURER  
Name            PLUMLEY, PAT  
Address        94 LAKEVIEW COURT  
City-State-Zip: MONTICELLO FL 32344

Title            DIRECTOR  
Name            MARSCHKA, JAMES  
Address        375 TALLY HILLS DRIVE  
City-State-Zip: MONTICELLO FL 32344

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LINDA GOLLER

**SECRETARY**

01/29/2018

Electronic Signature of Signing Officer/Director Detail

Date