

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000000267

**Entity Name:** TALLY HILLS ESTATES SUBDIVISION, INC.**Current Principal Place of Business:**182 TALLY HILLS DR.  
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:**WALLACE, GRETCHEN  
182 TALLY HILLS DR.  
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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	D/P
Name	SMITH, TONJA
Address	71 TALLY HILLS DR.
City-State-Zip:	MONTICELLO FL 32344

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

Title	D
Name	JONES, BOB
Address	94 LAKE VIEW CT.
City-State-Zip:	MONTICELLO FL 32344

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

Title	D/S
Name	WALLACE, GRETCHEN
Address	182 TALLY HILLS DR
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:** GRETCHEN H. WALLACE**SECRETARY****01/27/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date