

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000000267

**Entity Name:** TALLY HILLS ESTATES SUBDIVISION, INC.**Current Principal Place of Business:**540 TALLY HILLS CT  
MONTICELLO, FL 32344**Current Mailing Address:**PO BOX 27  
MONTICELLO, FL 32345**FEI Number:** 20-5706049**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**GOLLER, LINDA B  
540 TALLY HILLS CT  
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

03/02/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title VICE PRESIDENT/DIRECTOR  
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 CT  
City-State-Zip: MONTICELLO FL 32344

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

Title PRESIDENT  
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:** LINDA B. GOLLER**SECRETARY**

03/02/2014

Electronic Signature of Signing Officer/Director Detail

Date