

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90062 030 ****70.00

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1. Entity Name
TALLY HILLS ESTATES SUBDIVISION, INC.



Principal Place of Business

PO Box 27
Monticello, FL
32345

Mailing Address

PO BOX 27
PO BOX 530
MONTICELLO, FL 32345
32345



01162007 No Chg-NP

CR2E037 (4/06)

4. FEI Number **20-5706049**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

~~ANDRIS, STEVE~~ Alexandra Weimorts
~~3070 N. JEFFERSON STREET~~ 21 Lake View Drive
~~MONTICELLO, FL 32344~~

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE

Alexandra Weimorts
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

4/24/07

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ANDRIS, STEVE Joe Markley
STREET ADDRESS	3049 N. JEFFERSON STREET 1060 Tally Hills Dr.
CITY-ST-ZIP	MONTICELLO, FL 32344
TITLE	DST
NAME	JOINER, DON Alexandra Weimorts
STREET ADDRESS	3049 N. JEFFERSON STREET 21 Lake View Dr.
CITY-ST-ZIP	MONTICELLO, FL 32344
TITLE	D
NAME	WALKER, STEVE G III Danny Reece
STREET ADDRESS	3079 N. JEFFERSON STREET 535 Tally Hills Court
CITY-ST-ZIP	MONTICELLO, FL 32344 Monticello, FL 32344
TITLE	D
NAME	David Ricke
STREET ADDRESS	99 Lake View Drive
CITY-ST-ZIP	Monticello, FL 32344
TITLE	DVP
NAME	Robert Thompson
STREET ADDRESS	860 Tally Hills Drive
CITY-ST-ZIP	Monticello, FL 32344
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Alexandra Weimorts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/07

Date

Daytime Phone #

**(C) 850
228-2256**