

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000000267

**FILED**  
**Feb 20, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

182 TALLY HILLS DR.  
MONTICELLO, FL 32344

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 27  
MONTICELLO, FL 32345

**New Mailing Address:**

**FEI Number:** 20-5706049

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WALLACE, GRETCHEN  
182 TALLY HILLS DR.  
MONTICELLO, FL 32344 US

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

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

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** SMITH, TONJA  
**Address:** 71 TALLY HILLS DR.  
**City-St-Zip:** MONTICELLO, FL 32344

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

**Title:** D  
**Name:** THOMPSON, PAM  
**Address:** 860 TALLY HILLS DRIVE  
**City-St-Zip:** MONTICELLO, FL 32344

**Title:** DT  
**Name:** MARSCHKA, JAMES  
**Address:** 375 TALLY HILLS DRIVE  
**City-St-Zip:** MONTICELLO, FL 32344

**Title:** DS  
**Name:** WALLACE, GRETCHEN  
**Address:** 182 TALLY HILLS DR  
**City-St-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 WALLACE

SECR

02/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date