

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007423

FILED
Jan 06, 2009
Secretary of State

Entity Name: TALLY LANE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1932 FAULK DRIVE
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

1932 FAULK DRIVE
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SHIVERS, JEFFERY
1932 FAULK DRIVE
TALLAHASSEE, FL 32303 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: DP () Delete
Name: SHIVERS, JEFFERY
Address: 1932 FAULK DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: DT () Delete
Name: WHITFIELD, JEFFREY
Address: 1932 FAULK DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: DS () Delete
Name: CINCOTTI, AMANDA
Address: 2774 HARTSFIELD ROAD
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

Title: DT (X) Change () Addition
Name: SHIVERS, KIMBERLY
Address: 1932 FAULK DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JEFFERY SHIVERS

DP

01/06/2009

Electronic Signature of Signing Officer or Director

Date