2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008
Secretary of State

DOCUMENT# N00000000586

Entity Name: FULLERS CROSSING HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

107 N . LINE DR.
APOPKA, FL 32703 US

New Principal Place of Business:

Current Mailing Address:

107 N. LINE DR.
APOPKA, FL 32703 US

New Mailing Address:

FEI Number: 01-0575407 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SUTHERLAND, THERESA D
107 N. LINE DR.
APOPKA, FL 32703 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: PD ( ) Delete
Name: FRAMO, GARY
Address: 961 WOODSON HAMMOCK CIRCLE
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: VD ( ) Delete
Name: LOLLI, PHILIP
Address: 942 WOODSON HAMMOCK CIRCLE
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: SD ( ) Delete
Name: BAKER, LAURA
Address: 1845 AMERICUS MANOR DR.
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: TD ( ) Delete
Name: NELSON, JAMES
Address: 954 WOODSON HAMMOCK CIRCLE
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: D ( ) Delete
Name: WHITEHEAD, RON
Address: 1032 WOODSON HAMMOCK CIRCLE
City-St-Zip: WINTER GARDEN, FL 34787 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LOLLI, PHILLIP
Address: 942 WOODSON HAMMOCK CIRCLE
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: VD (X) Change ( ) Addition
Name: WHITEHEAD, RON
Address: 1032 WOODSON HAMMOCK CIRCLE
City-St-Zip: WINTER GARDEN, FL 34787 US

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

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

Title: D (X) Change ( ) Addition
Name: PICKETT, GUS
Address: 1106 JUNIPER HAMMOCK CT.
City-St-Zip: WINTER GARDEN, FL 34787 US

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: PHILLIP LOLLI PD 04/22/2008

Electronic Signature of Signing Officer or Director — Date