

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000586

FILED  
Apr 05, 2010  
Secretary of State

**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  
Name: LOLLI, PHILLIP  
Address: 942 WOODSON HAMMOCK CIRCLE  
City-St-Zip: WINTER GARDEN, FL 34787 US

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

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

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

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

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: PHILIP LOLLI

PD

04/05/2010

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

\_\_\_\_\_  
Date