

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006013

FILED  
Apr 22, 2008  
Secretary of State

**Entity Name:** FULLERS CROSSING PHASE 3 HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

107 N. LINE DR.  
APOPKA, FL 32703

**New Principal Place of Business:**

**Current Mailing Address:**

107 N. LINE DR.  
APOPKA, FL 32703

**New Mailing Address:**

**FEI Number:** 56-2404332

**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: PIRMAL, DARRYL  
Address: 927 MCPHERSON PLACE  
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: VD ( ) Delete  
Name: FINCHER, BRAD  
Address: 1125 BURLAND CIRCLE  
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: SD ( ) Delete  
Name: FRANK, TERI  
Address: 921 MCPHERSON PLACE  
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: TD ( ) Delete  
Name: STONER, CARROLL  
Address: 1343 JUNIPER HAMMOCK STREET  
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: D ( ) Delete  
Name: LONG, JUDY  
Address: 815 BURLAND CIRCLE  
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: D ( ) Delete  
Name: GORDON, ROBERT  
Address: 914 MCPHERSON PLACE  
City-St-Zip: WINTER GARDEN, FL 34787 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: HARPER, JEFF  
Address: 914 MCPHERSON PLACE  
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: PD (X) Change ( ) Addition  
Name: FINCHER, BRAD  
Address: 1125 BURLAND 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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BRAD FINCHER

PD

04/22/2008

Electronic Signature of Signing Officer or Director

Date