2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# N03000006013

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

Title: PD ( ) 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 (X) 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: PONTICELLI, THERESA
Address: 915 MCPHERSON PLACE
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:

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 04/09/2009

Electronic Signature of Signing Officer or Director — Date