

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006013

FILED  
Apr 05, 2010  
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:**

107 N. LINE DR.  
APOPKA, FL 32703 US

**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  
Name: PONTICELLI, THERESA  
Address: 915 MCPHERSON PLACE  
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: PD  
Name: FINCHER, BRAD  
Address: 1125 BURLAND CIRCLE  
City-St-Zip: WINTER GARDEN, FL 34787 US

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

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

Title: D  
Name: LONG, JUDY  
Address: 815 BURLAND CIRCLE  
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: BRAD FINCHER

PD

04/05/2010

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

\_\_\_\_\_  
Date