


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N04000009194</b> 1. Entity Name FULLER'S LANDING AT WINTER GARDEN HOMEOWNERS' ASSOCIATION, INC.	
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Principal Place of Business 232 S DILLARD STREET WINTER GARDEN, FL 32787	Mailing Address P.O. BOX 194 PLYMOUTH, FL 32768
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01082007 No Chg-NP CR2E037 (4/06)

4. FEI Number 02-3049839	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  PRATT, JAMES R ESQ GRAHAM BUILDER JONES PRATT & MARKS LLP 369 N NEW YORK AVE THIRD FLOOR WINTER PARK, FL 32789
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**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS HOLSTON, ROBERT W JR 232 S DILLARD STREET WINTER GARDEN, FL 32787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT JUNE, ROHLAND A 232 S DILLARD STREET WINTER GARDEN, FL 32787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEDLOFF, JEFF 232 S DILLARD STREET WINTER GARDEN, FL 32787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COLES, BONNIE E P.O. BOX 194 PLYMOUTH, FL 32768
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000585367  
01/16/07-80010-008 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/8/07 Daytime Phone # \_\_\_\_\_