

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001499

FILED  
Jul 26, 2006  
Secretary of State

**Entity Name:** FULLENKAMP SUMTER SUBDIVISION MAINTENANCE ASSOCIATION, INC.

**Current Principal Place of Business:**

2033 MAIN STREET, SUITE 600  
SARASOTA, FL 34237

**New Principal Place of Business:**

**Current Mailing Address:**

2033 MAIN STREET, SUITE 600  
SARASOTA, FL 34237

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

REES, STEPHEN D  
ICARD, MERRILL, CULLIS, TIMM, FUREN PA  
2033 MAIN STREET, SUITE 600  
SARASOTA, FL 34237 US

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: MENKE, FRANK II  
Address: 2524 S. OSPREY AVENUE  
City-St-Zip: SARASOTA, FL 34239

Title: STD ( ) Delete  
Name: MENKE, W. TODD  
Address: 2524 S. OSPREY AVENUE  
City-St-Zip: SARASOTA, FL 34239

Title: D ( ) Delete  
Name: FULLENKAMP, DENNIS J  
Address: 2911 NE PINE ISLAND ROAD  
City-St-Zip: CAPE CORAL, FL 33909

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

Title: PD (X) Change ( ) Addition  
Name: MENKE, FRANK II  
Address: 1515 RINGLING BLVD. SUITE 880  
City-St-Zip: SARASOTA, FL 34236

Title: STD (X) Change ( ) Addition  
Name: MENKE, W. TODD  
Address: 1515 RINGLING BLVD. SUITE 890  
City-St-Zip: SARASOTA, FL 34236

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: W. TODD MENKE

STD

07/26/2006

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

\_\_\_\_\_  
Date