

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

FILED
Apr 25, 2007 08:00 A
Secretary of State

DOCUMENT # N05000001499

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



Principal Place of Business
**2033 MAIN STREET, SUITE 600
SARASOTA, FL 34237**

Mailing Address
**2033 MAIN STREET, SUITE 600
SARASOTA, FL 34237**



01222007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

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

**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 \$81.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MENKE, FRANK II
STREET ADDRESS	1515 RINGLING BLVD. SUITE 880
CITY - ST - ZIP	SARASOTA, FL 34236

TITLE	STD
NAME	MENKE, W. TODD
STREET ADDRESS	1515 RINGLING BLVD. SUITE 890
CITY - ST - ZIP	SARASOTA, FL 34236

TITLE	D
NAME	FULLENKAMP, DENNIS J
STREET ADDRESS	2911 NE PINE ISLAND ROAD
CITY - ST - ZIP	CAPE CORAL, FL 33909

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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05/08/07-80082-025 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

4/23/07

Date

Daytime Phone #