2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001499

FILED May 01, 2009 Secretary of State

Entity Name: FULLENKAMP SUMTER SUBDIVISION MAINTENANCE ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2033 MAIN STREET, SUITE 600 1549 RINGLING BLVD SARASOTA, FL 34237

SUITE 101

SARASOTA, FL 34236

Current Mailing Address: New Mailing Address:

2033 MAIN STREET, SUITE 600 P. O. BOX 49437

SARASOTA, FL 34237 SARASOTA, FL 342306437 US

FEI Number: 52-2450739 FEI Number Applied For () FEI Number Not Applicable () 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 New Registered Agent: Name and Address of Current Registered Agent:

REES, STEPHEN D MENKE, FRANK 1549 RINGLING BLVD ICARÓ, MERRILL, CULLIS, TIMM, FUREN PA 2033 MAIN STREET, SUITE 600 SUITE 101

SARASOTA, FL 34237 US SARASOTA, FL 34236 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: FRANK MENKE 05/01/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

MENKE, FRANK III Name: MENKE, FRANK Name: Address: 1626 RINGLING BLVD., SUITE 500 Address: 1549 RINGLING BLVD., SUITE 101

City-St-Zip: SARASOTA, FL 34236 City-St-Zip: SARASOTA, FL 34236

Title: (X) Delete Title: () Change () Addition

FULLENKAMP, DENNIS J Name: Name: Address: 2911 NE PINE ISLAND ROAD Address: City-St-Zip: CAPE CORAL, FL 33909 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: FRANK MENKE **MGRM** 05/01/2009

Electronic Signature of Signing Officer or Director

Date