

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **743571** (2)  
1. Corporation Name  
**WIMAUMA AREA IMPROVEMENT AUTHORITY, INC.**

95 JAN 27 PM 3: 57

Principal Place of Business Mailing Address  
1501 LA JOLLA AVE. 1501 LA JOLLA AVE.  
SUN CITY CENTER FL 33573 SUN CITY CENTER FL 33573

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/14/1978** 3a. Date of Last Report **02/22/1994**  
4. FEI Number **59-1839157** Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**RESCORLA, ARTHUR R.  
1810 DANBURY DR.  
SUN CITY CENTER FL 33573**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Arthur R. Rescorla DATE 1/18/95  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	SD
NAME	WELLBORN, MARJORY H.
STREET ADDRESS	2003 NEW BEDFORD DRIVE
CITY-ST-ZIP	SUN CITY CENTER FL
TITLE	PD
NAME	RESCORLA, ARTHUR R.
STREET ADDRESS	1810 DANBURY DRIVE
CITY-ST-ZIP	SUN CITY CNTR, FL 00000
TITLE	VD
NAME	<del>ESCHER, G. WILLIAM</del>
STREET ADDRESS	<del>632 FT. DUQUESNE DR</del>
CITY-ST-ZIP	<del>SUN CITY CNTR, FL 00000</del>
TITLE	TD
NAME	MELVIN LAMPE
STREET ADDRESS	1214 WILD FEATHER LANE
CITY-ST-ZIP	SUN CITY CNTR, FL 00000 33573
TITLE	D
NAME	COOK, GORDON H.
STREET ADDRESS	206 STRONGBOW COURT
CITY-ST-ZIP	SUN CITY CENTER FL 33573
TITLE	D
NAME	CLARITT, MARGARET
STREET ADDRESS	P.O. BOX 304
CITY-ST-ZIP	WIMAUMA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VD
3.3 STREET ADDRESS	FRIEDENREICH, HARRY
3.4 CITY-ST-ZIP	2040 PRESTANCIA LANE SUN CITY CENTER, FL 33573
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Arthur R. Rescorla DATE 1/18/95  
Signature and typed or printed name of signing officer or director Date Daytime Phone #