

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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



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

Mailing Address
**1501 LA JOLLA AVE.
SUN CITY CENTER FL 33573**

3. Date Incorporated or Qualified
07/14/1978

3a. Date of Last Report
01/27/1995

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip
24

Country
25

Zip
29

Country
30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RESCORLA, ARTHUR R.
1810 DANBURY DR.
SUN CITY CENTER FL 33573**

81 Name
Lou Ellen Wilson

82 Street Address (P.O. Box Number is Not Acceptable)
526 Manatee Drive

83
Ruskin, Fl. 33570

84 City
FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE **3/1/96**

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	<input checked="" type="checkbox"/> DELETE
NAME	WELLBORN, MARJORY H.	
STREET ADDRESS	2003 NEW BEDFORD DRIVE	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	RESCORLA, ARTHUR R.	
STREET ADDRESS	1810 DANBURY DRIVE	
CITY-ST-ZIP	SUN CITY CNTR, FL 00000	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	FRIEDENREICH, HARRY	
STREET ADDRESS	2040 PRESTANCIA LANE	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MELVIN LAMPE	
STREET ADDRESS	1214 WILD FEATHER LANE	
CITY-ST-ZIP	SUN CITY CNTR, FL 00000 33573	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COOK, GORDON H.	
STREET ADDRESS	206 STRONGBOW COURT	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CLARITT, MARGARET	
STREET ADDRESS	P.O. BOX 384	
CITY-ST-ZIP	WIMAUMA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Atkins, Robert	
1.3 STREET ADDRESS	1210 Wildfeather Lane	
1.4 CITY-ST-ZIP	Sun City Center, Fl. 33573	
2.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Robert Tawse	
2.3 STREET ADDRESS	1010 Bluewater Drive	
2.4 CITY-ST-ZIP	Sun City Center, Fl. 33573	
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Gilbert Yentes	
5.3 STREET ADDRESS	1019 Ventana Drive	
5.4 CITY-ST-ZIP	Ruskin, Fl. 33573	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Atkins, Caryl	
6.3 STREET ADDRESS	1210 Wildfeather Lane	
6.4 CITY-ST-ZIP	Sun City Center, Fl. 33573	

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 19.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE **3/1/96** DAYTIME PHONE **813-645-1329**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)