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Jan 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

1501 LA JOLLA AVE.
SUN CITY CENTER FL 335731501 LA JOLLA AVE.
SUN CITY CENTER FL 33573-53293. Date Incorporated or Qualified
07/14/19783a. Date of Last Report
03/08/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILSON, LOU E
526 MANATEE DRIVE
RUSKIN FL 33570

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 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: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~VPD~~ ☐ DELETENAME ~~ATKINS, ROBERT~~
STREET ADDRESS 1210 WILDFEATHER LANE
CITY-ST-ZIP SUN CITY CENTER FLTITLE SD ☐ DELETENAME ~~TAWSE, ROBERT~~ GRAY, BETTE
STREET ADDRESS 4010 BLUEWATER DRIVE 1908 PEBBLE BEACH BLVD N.
CITY-ST-ZIP SUN CITY CENTER FLTITLE PD ☐ DELETENAME FRIEDENREICH, HARRY
STREET ADDRESS 2040 PRESTANCIA LANE
CITY-ST-ZIP SUN CITY CENTER FLTITLE TD ☐ DELETENAME MELVIN LAMPE
STREET ADDRESS 1214 WILD FEATHER LANE
CITY-ST-ZIP SUN CITY CNTR, FL 00000 33573TITLE D ☐ DELETENAME YENTES, GILBERT
STREET ADDRESS 1019 VENTANA DRIVE
CITY-ST-ZIP RUSKIN FLTITLE D ☐ DELETENAME ATKINS, CARYL
STREET ADDRESS 1210 WILDFEATHER LANE
CITY-ST-ZIP SUN CITY CENTER FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☒ Addition☒ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

813/645-1569
Daytime Phone # 0046536

CR2E037 (9/96)