

FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 27 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

Mailing Address

1501 LA JOLLA AVE.  
SUN CITY CENTER FL 33573

1501 LA JOLLA AVE.  
SUN CITY CENTER FL 33573-5329

3. Date Incorporated or Qualified  
07/14/1978

3a. Date of Last Report  
03/08/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-1839157

Applied For

Not Applicable

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

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

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

81 Name

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

83

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: 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~~  DELETE  
NAME ATKINS, ROBERT  
STREET ADDRESS 1210 WILDFEATHER LANE  
CITY-ST-ZIP SUN CITY CENTER FL

1.1 TITLE  Change  Addition  
1.2 NAME D  
1.3 STREET ADDRESS MARTIN, GARY  
1.4 CITY-ST-ZIP 2044 Prestancia Lane  
Sun City Center, FL 33573

TITLE SD  DELETE  
NAME TAWSE, ROBERT GRAY, BETTE  
STREET ADDRESS 4010 BLUEWATER DRIVE 1908 PEBBLE BEACH BLVD N.  
CITY-ST-ZIP SUN CITY CENTER FL

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE PD  DELETE  
NAME FRIEDENREICH, HARRY  
STREET ADDRESS 2040 PRESTANCIA LANE  
CITY-ST-ZIP SUN CITY CENTER FL

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE TD  DELETE  
NAME MELVIN LAMPE  
STREET ADDRESS 1214 WILD FEATHER LANE  
CITY-ST-ZIP SUN CITY CNTR, FL 00000 33573

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME YENTES, GILBERT  
STREET ADDRESS 1019 VENTANA DRIVE  
CITY-ST-ZIP RUSKIN FL

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME ATKINS, CARYL  
STREET ADDRESS 1210 WILDFEATHER LANE  
CITY-ST-ZIP SUN CITY CENTER FL

6.1 TITLE  Change  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 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 # 0046538

CR2E037 (9/96)