

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **743571** (2)

WIMAUMA AREA IMPROVEMENT AUTHORITY, INC.

Principal Place of Business <b>1501 LA JOLLA AVE. SUN CITY CENTER FL 33573</b>	Mailing Address <b>1501 LA JOLLA AVE. SUN CITY CENTER FL 33573</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>07/14/1978</b>
4. FEI Number <b>59-1839157</b>
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>WILSON, LOU E 526 MANATEE DRIVE RUSKIN FL 33570</b>
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MARTIN, GARY 2044 PRESTANCIA LANE SUN CITY CENTER FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD GRAY, BETTE 1808 PEBBLE BEACH BLVD. N. SUN CITY CENTER FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD FRIEDENREICH, HARRY 2040 PRESTANCIA LANE SUN CITY CENTER FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD MELVIN LAMPE 1214 WILD FEATHER LANE SUN CITY CNTR, FL 00000 33573</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D YENTES, GILBERT 1019 VENTANA DRIVE RUSKIN FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ATKINS, CARYL 1210 WILD FEATHER LANE SUN CITY CENTER FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>SD Martin, Gary 2044 Prestancia Sun City Center, FL</b>
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>D Nargalawla, Joe 2412 Oxford Down, Ct. Sun City Center, FL</b>
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>PD Lampe, Jean 1214 Wildfeather Ln. Sun City Center, FL</b>
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>D Andersen, Al 120 Winterbrooke Wy Sun City Center, FL</b>
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>D Miller, M 1123 El Rancho Dr. Sun City Center, FL</b>
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I 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: *Melvin Lampe* 2-27-98 012-134-115-0

CR2E037 (10/97)