

FILE NOW: FILING FEE IS \$61.25

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Feb 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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  
4. FEI Number: 59-1839157  
Applied For: Not Applicable

2. Principal Place of Business (21-24) and Mailing Address (2a-24) fields with sub-fields for Suite, City & State, Zip, and Country.

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. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent: WILSON, LOU E, 528 MANATEE DRIVE, RUSKIN FL 33570

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D NAME: MARTIN, GARY STREET ADDRESS: 2044 PRESTANCIA LANE CITY-ST-ZIP: SUN CITY CENTER FL	<input type="checkbox"/> DELETE	1.1 TITLE: SD 1.2 NAME: Martin, Gary 1.3 STREET ADDRESS: 2044 Prestancia 1.4 CITY-ST-ZIP: Sun City Center, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: GRAY, BETTE STREET ADDRESS: 1908 PEBBLE BEACH BLVD. N. CITY-ST-ZIP: SUN CITY CENTER FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: D 2.2 NAME: Nargalawla, Joe 2.3 STREET ADDRESS: 2412 Oxford Down, Ct. 2.4 CITY-ST-ZIP: Sun City Center, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: PD NAME: FRIEDENREICH, HARRY STREET ADDRESS: 2040 PRESTANCIA LANE CITY-ST-ZIP: SUN CITY CENTER FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: PD 3.2 NAME: Lampe, Jean 3.3 STREET ADDRESS: 1214 Wildfeather Ln. 3.4 CITY-ST-ZIP: Sun City Center, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: TD NAME: MELVIN LAMPE STREET ADDRESS: 1214 WILD FEATHER LANE CITY-ST-ZIP: SUN CITY CNTR, FL 00000 33573	<input type="checkbox"/> DELETE	4.1 TITLE: D 4.2 NAME: Andersen, Al 4.3 STREET ADDRESS: 129 Winterbrooke Wy 4.4 CITY-ST-ZIP: Sun city Center, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: YENTES, GILBERT STREET ADDRESS: 1019 VENTANA DRIVE CITY-ST-ZIP: RUSKIN FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE: D 5.2 NAME: Miller, M 5.3 STREET ADDRESS: 1123 El Rancho Dr. 5.4 CITY-ST-ZIP: Sun City Center, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: ATKINS, CARYL STREET ADDRESS: 1210 WILD FEATHER LANE CITY-ST-ZIP: SUN CITY CENTER FL	<input type="checkbox"/> DELETE	6.1 TITLE: _____ 6.2 NAME: _____ 6.3 STREET ADDRESS: _____ 6.4 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)