

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90026 018 \*\*\*\*70.00

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 743571**

1. Corporation Name

**WIMAUMA AREA IMPROVEMENT AUTHORITY, INC.**

124986 - 90026 - 18

Principal Place of Business

1501 LA JOLLA AVE.  
 SUN CITY CENTER FL 33573

Mailing Address

1501 LA JOLLA AVE.  
 SUN CITY CENTER FL 33573



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/14/1978	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1839157	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		30	
				\$5.00 May Be Added to Fees	

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	VP VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN, GARY	1.2 NAME	Kenneth McComb
STREET ADDRESS	2044 PRESTANCIA LANE	1.3 STREET ADDRESS	2111 Meadowlark
CITY-ST-ZIP	SUN CITY CENTER FL	1.4 CITY-ST-ZIP	Sun City Center, FL 33573
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NARGALAWLA, JOE	2.2 NAME	Ronald Dickinson
STREET ADDRESS	2412 OXFORD DOWN, CT	2.3 STREET ADDRESS	1511 Kelliwood Ct.
CITY-ST-ZIP	SUN CITY CENTER FL	2.4 CITY-ST-ZIP	Sun City Center, FL 33573
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAMPE, JEAN	3.2 NAME	MARIE WOOD
STREET ADDRESS	1214 WILDFEATHER LANE	3.3 STREET ADDRESS	213 Linger Lane
CITY-ST-ZIP	SUN CITY CENTER FL	3.4 CITY-ST-ZIP	Sun City Center, FL 33573
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELVIN LAMPE	4.2 NAME	
STREET ADDRESS	1214 WILD FEATHER LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CNTR, FL 00000 33573	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, M	5.2 NAME	
STREET ADDRESS	1123 EL RANCHO DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CENTER FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATKINS, CARYL	6.2 NAME	
STREET ADDRESS	1210 WILDFEATHER LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CENTER FL	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, with all other like empowered.

SIGNATURE: Melvin S. Lampe 813/634-4508

CR2E037 (1/198)