

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVED  
AND  
FILED

05 AUG -2 AM 11:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. Eckert AUG 08 2005



03232005 REIN-NP

CR2E099 (6/04)

04-05

<b>DOCUMENT # 743571</b> 1. Entity Name WIMAUMA AREA IMPROVEMENT AUTHORITY, INC.					
Principal Place of Business 1501 LA JOLLA AVE. SUN CITY CENTER, FL 33573		Mailing Address PO BOX <del>4050</del> RUSKIN, FL 33570			
2. Principal Place of Business		3. Mailing Address <i>P.O. Box 1058</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <i>Ruskin, FL</i>		4. FEI Number 59-1839157	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip <i>33575</i>		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent  WILSON, LOU E - 409 E COLLEGE AVE RUSKIN, FL 33570			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <div style="text-align: right; font-weight: bold; font-size: 1.2em;">FL</div> Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <small>Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$297.50			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCCOMB, KENNETH 2111 MEADOW SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	o/s JOAN JACOBSEN 1236 RABISON AVE SUN CITY CENTER, FL 33573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICKINSON, RONALD 1511 KELLIWOOD ST SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	o/s Patricia Toller 1607 EL RANCHO DR. SUN CITY CENTER, FL 33573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOD, MARIE 213 LINGER LANE SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	08/12/05--01038--001	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MELVIN LAMPE 1214 WILD FEATHER LANE SUN CITY CNTR, FL 00000, 33573	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE:			8/23/05 (813) 645-1569		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		