

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVE
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

DOCUMENT # 743571 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 4050 RUSKIN, FL 33570		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1058 Suite, Apt. #, etc.			
City & State Zip Country		City & State Ruskin, FL Zip Country 33575		4. FEI Number 59-1839157	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> 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 FL 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 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	O/S JOHN JACOBSEN 1236 RABISON AVE Sun City Center, FL 33573 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DICKINSON, RONALD 1511 KELLIWOOD ST SUN CITY CENTER, FL 33573 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	O/S PATRICIA TOLLA 1607 EL RANCHO DR. Sun City Center, FL 33573 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WOOD, MARIE 213 LINGER LANE SUN CITY CENTER, FL 33573 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		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 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
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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 another like empowered.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			9/23/05 (813) 645-1569 <small>Date Daytime Phone #</small>		