

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002906

FILED  
Feb 17, 2007  
Secretary of State

Entity Name: USS WS SIMS DE/FF-1059 ASSOCIATION, INC.

## Current Principal Place of Business:

PO BOX 151545  
ALTAMONTE SPRINGS, FL 327151545 US

## New Principal Place of Business:

616 SHERWOOD DR  
ALTAMONTE SPRINGS, FL 32701 US

## Current Mailing Address:

PO BOX 151545  
ALTAMONTE SPRINGS, FL 327151545 US

## New Mailing Address:

FEI Number: 20-4496330      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MUIRHEAD, ROBERT B  
616 SHERWOOD DR  
ALTAMONTE SPRINGS, FL 327015436 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WALTERMAN, DENNIS L  
Address: 7475 COUNTRY VILLAGE DR  
City-St-Zip: CLEVELS, OH 450029358 US

Title: S, T ( ) Delete  
Name: MUIRHEAD, ROBERT B  
Address: 616 SHERWOOD DR  
City-St-Zip: ALTAMONTE SPRINGS, FL 327015436 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition  
Name: WALTERMAN, DENNIS L  
Address: 7480 COUNTRY VILLAGE DR  
City-St-Zip: CLEVELS, OH 45002 US

Title: T (X) Change ( ) Addition  
Name: MUIRHEAD, ROBERT B  
Address: 616 SHERWOOD DR  
City-St-Zip: ALTAMONTE SPRINGS, FL 327015436 US

Title: P ( ) Change (X) Addition  
Name: ANDREWS, DAVID B  
Address: 6328 W. 95TH AVE  
City-St-Zip: WESTMINSTER, CO 800312816 US

Title: V ( ) Change (X) Addition  
Name: CAMPBELL, KENNETH R  
Address: 3305 FM 561  
City-St-Zip: DEKALB, TX 75559 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: R B MUIRHEAD

T

02/17/2007

Electronic Signature of Signing Officer or Director

Date