

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

MAY 11 AM 8:11

TALLAHASSEE, FLORIDA

DOCUMENT # **725577** (1)

1. Corporation Name

SANIBEL ISLES-WATER SHADOWS CIVIC IMPROVEMENT ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1543 SAN CARLOS BAY DR
SANIBEL FL 33957
US

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SANIBEL FL 33957
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/26/1973** 3a. Date of Last Report **04/26/1994**
4. FEI Number **59-1673335** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 25. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip
24. County 29. County 30. County

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
BLAIR, HARRY A.
2138-40 HOOPLE ST.
FT MYERS FL 33901

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____
Signature (Type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when recording) DATE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	CLARK, SAM JR
STREET ADDRESS	1538 ROYAL POINCIANA DR.
CITY, ST, ZIP	SANIBEL, FL 00000
TITLE	D
NAME	DIETZ, CARL H
STREET ADDRESS	1524 ANGEL DR
CITY, ST, ZIP	SANIBEL, FL 00000
TITLE	D
NAME	ARTALE, JAMES.
STREET ADDRESS	1653 HIBISCUS DRIVE.
CITY, ST, ZIP	SANIBEL, FL 00000
TITLE	S
NAME	BAKER, WILLIAM.
STREET ADDRESS	1470 ANGEL DR
CITY, ST, ZIP	SANIBEL, FL 00000
TITLE	VPT
NAME	JONES, J RIDGEWAY
STREET ADDRESS	1543 SAN CARLOS BAY DR
CITY, ST, ZIP	SANIBEL, FL 00000
TITLE	P
NAME	RICHARD P FOWLER
STREET ADDRESS	1747 VENUS DRIVE
CITY, ST, ZIP	SANIBEL FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	HURST, JOHNE, JR.
13 STREET ADDRESS	1511 ANGEL DR.
14 CITY, ST, ZIP	SANIBEL, FL 33957
21 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	SCHRODER, ANDREW
23 STREET ADDRESS	1475 ANGEL DR.
24 CITY, ST, ZIP	SANIBEL, FL 33957
31 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	JONES, DAVID
33 STREET ADDRESS	1671 HIBISCUS DRIVE
34 CITY, ST, ZIP	SANIBEL, FL 33957
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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 the 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: *J. Ridgeway Jones*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
J. RIDGEWAY JONES

MAY 4, 1995 (815) 395-0328