

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 725577 (1)

1. Corporation Name
SANIBEL ISLES-WATER SHADOWS CIVIC IMPROVEMENT ASSOCIATION, INC.



Principal Place of Business
**1543 SAN CARLOS BAY DR
SANIBEL FL 33957
US**

Mailing Address
**1543 SAN CARLOS BAY DR
SANIBEL FL 33957
US**

3. Date Incorporated or Qualified **02/26/1973** 3a. Date of Last Report **05/11/1995**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number **59-1673335** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARK, SAM JR	1.2 NAME	HURST, JOHN E. JR.
STREET ADDRESS	1538 ROYAL POINCIANA DR.	1.3 STREET ADDRESS	1511 ANGEL DR.
CITY-ST-ZIP	SANIBEL, FL 00000	1.4 CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIETZ, CARL H	2.2 NAME	SCHRODER, ANDREW
STREET ADDRESS	1524 ANGEL DR	2.3 STREET ADDRESS	1475 ANGEL DR.
CITY-ST-ZIP	SANIBEL, FL 00000	2.4 CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARTALE, JAMES.	3.2 NAME	JONES, DAVID
STREET ADDRESS	1853 HIBISCUS DRIVE.	3.3 STREET ADDRESS	1671 HIBISCUS DR.
CITY-ST-ZIP	SANIBEL, FL 00000	3.4 CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, WILLIAM.	4.2 NAME	
STREET ADDRESS	1470 ANGEL DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL, FL 00000	4.4 CITY-ST-ZIP	
TITLE	VPT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, J RIDGEWAY	5.2 NAME	
STREET ADDRESS	1543 SAN CARLOS BAY DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL, FL 00000	5.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD P FOWLER	6.2 NAME	
STREET ADDRESS	1747 VENUS DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL FL	6.4 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)(k), 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.

SIGNATURE: J. Ridgeway 17 APRIL 1996 (941) 395-0338

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E037 (12/95)