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May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33957-3423 US
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3. Date Incorporated or Qualified 02/26/1973	3a. Date of Last Report 04/22/1996
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2. Principal Place of Business 21 1653 Hibiscus Drive	2a. Mailing Address 26 1653 Hibiscus Drive
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 SANIBEL, FL	City & State 28 SANIBEL, FL
Zip 24 33957	Country 25 LEE
Zip 29 33957	Country 30 LEE

4. FEI Number 59-1673335	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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
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	Director/Treasurer/Secy. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARK, SAM JR	1.2 NAME	BETRIE LANGELIER
STREET ADDRESS	1538 ROYAL POINCIANA DR.	1.3 STREET ADDRESS	1653 HIBISCUS DRIVE
CITY-ST-ZIP	SANIBEL, FL 00000	1.4 CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIETZ, CARL H	2.2 NAME	JEANNE LINDMAN
STREET ADDRESS	1524 ANGEL DR	2.3 STREET ADDRESS	1748 JEWEL BOX DR.
CITY-ST-ZIP	SANIBEL, FL 00000	2.4 CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	SCHRODER, ANDREW	3.2 NAME	
STREET ADDRESS	1475 ANGEL DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL, FL 00000	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	
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	
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	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CP2E037 (9/96)

Signature _____ (941) 895-0328