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**Apr 20 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 AS SOCIATION, INC.



Principal Place of Business 1653 HIBISCUS DRIVE SANIBEL FL 33957 US	Mailing Address 1653 HIBISCUS DRIVE SANIBEL FL 33957 US
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3. Date Incorporated or Qualified
02/26/1973

4. FEI Number 59-1673335	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21 1653 Hibiscus Dr	2a. Mailing Address 26 1653 Hibiscus Dr
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
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6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

City & State 23 SANIBEL FL	City & State 28 SANIBEL FL
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7. Is this nonprofit corporation a homeowners association?
CIVIC IMPROV ASSOS. Yes No

Zip 24 33957	Country 25 LEE	Zip 29 33957	Country 30 LEE
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8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	CLARK, SAM JR 1538 ROYAL PONCIANA DR. SANIBEL, FL 00000	1.1 TITLE TREASURER	BEATRICE LANGELICE TREAS. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	DIETZ, CARL H 1524 ANGEL DR SANIBEL, FL 00000	2.1 TITLE DIRECTOR	JEANNE LINDMAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	SCHRODER, ANDREW 1475 ANGEL DR SANIBEL, FL 00000	3.1 TITLE SECRETARY	DAVID JONES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE Director/VP	BAKER, WILLIAM 1470 ANGEL DR SANIBEL, FL 00000	4.1 TITLE	
TITLE VPT	JONES, J RIDGEWAY 1543 SAN CARLOS BAY DR SANIBEL, FL 00000	5.1 TITLE	
TITLE P	RICHARD P FOWLER 1747 VENUS DRIVE SANIBEL FL	6.1 TITLE	

1.2 NAME	1.3 STREET ADDRESS 1653 HIBISCUS DR SANIBEL FL 33957
2.2 NAME	2.3 STREET ADDRESS 1748 Jewel Box DR SANIBEL FL 33957
3.2 NAME	3.4 CITY-ST-ZIP SANIBEL FL 33957
4.2 NAME	4.3 STREET ADDRESS
5.2 NAME	5.3 STREET ADDRESS
6.2 NAME	6.3 STREET ADDRESS

14. I 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.

SIGNATURE: *Beatrice A. Langelice* **BEATRICE A LANGELICE** 4/13/98 941-472-8997

CR2E037 (10/97)