

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **775577**

1. Entity Name
**Savibel Isles/Water Shadows
 Civic Improvement Assoc, Inc.**

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 MAY -1 AM 10:45

Principal Place of Business Mailing Address

2. Principal Place of Business **1747 Venus Drive**
 Suite, Apt. #, etc.

3. Mailing Address **1542 Royal Poinciana Dr**
 Suite, Apt. #, etc.

REINSTATEMENT **99.00**

City & State **Savibel FL**

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Zip **33957** Country **Lee** Zip **33957** Country **Lee**

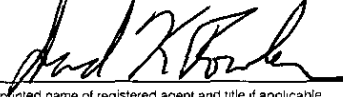
4. FEI Number **591673335** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
~~Blair, Harry A.~~
2138-40 Hoople St.
Ft. Myers FL 33901

7. Name and Address of New Registered Agent
 Name **DAVID K. FOWLER**
 Street Address (P.O. Box Number is Not Acceptable) **1715 MONROE ST**
700003251047-4
 City **FT MYERS** **05/12/00** **01107** **001**
******245, FL ***889520**

8. 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  **4/27/00**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Clark, Sam Jr 1538 Royal Poinciana Dr Savibel FL 33957 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Richard P. Fowler 1747 Venus Dr Savibel FL 33957 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	David Jones Secretary 1671 Hibiscus Dr Savibel FL 33957 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer William Helfers 1542 Royal Poinciana Dr Savibel FL 33957 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director William Baker 1470 Angel Dr Savibel FL 33957 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Andrew Schroeder 1475 Angel Dr. Savibel FL 33957 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Carl Dietz 1524 Angel Dr Savibel FL 33957 <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE  **William L. Helfers (Treas)** **3/27/00** **941-395-8797**
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)