

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 20, 2001 8:00 am**  
**Secretary of State**

007103

**DOCUMENT # 725577**

1. Entity Name

**SANIBEL ISLES-WATER SHADOWS CIVIC IMPROVEMENT AS**

03-20-2001 90011 034 \*\*\*\*61.25

00035495



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1747 VENUS DRIVE  
 SANIBEL FL 33957  
 US

1542 ROYAL POINCIANA DR.  
 SANIBEL FL 33957

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1673335**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FOWLER, DAVID K**  
**1747 VENUS DRIVE**  
**SANIBEL FL 33957**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>JONES, DAVID</b>	
STREET ADDRESS	<b>1671 HIBISCUS DR</b>	
CITY-ST-ZIP	<b>SANIBEL FL 33957</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DIETZ, CARL H</b>	
STREET ADDRESS	<b>1524 ANGEL DR</b>	
CITY-ST-ZIP	<b>SANIBEL FL 33957</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SCHRODER, ANDREW</b>	
STREET ADDRESS	<b>1475 ANGEL DR</b>	
CITY-ST-ZIP	<b>SANIBEL FL 33957</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BAKER, WILLIAM</b>	
STREET ADDRESS	<b>1470 ANGEL DR</b>	
CITY-ST-ZIP	<b>SANIBEL FL 33957</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>HELPERS, WILLIAM</b>	
STREET ADDRESS	<b>1542 ROYAL POINCIANA DR</b>	
CITY-ST-ZIP	<b>SANIBEL FL 33957</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>FOWLER, RICHARD P</b>	
STREET ADDRESS	<b>1747 VENUS DRIVE</b>	
CITY-ST-ZIP	<b>SANIBEL FL 33957</b>	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	

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. Helpers* **WILLIAM L. HELPERS** Treasurer **3/13/01** 941-395-8797  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)