


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90012 007 \*\*\*\*61.25

|   |         |   |   |   |  |
|---|---------|---|---|---|--|
| <b>DOCUMENT # 725577</b>  |         |   |   |                |  |
| 1. Entity Name<br><b>SANIBEL ISLES-WATER SHADOWS CIVIC IMPROVEMENT ASSOCIATION, INC.</b>  |         |   |   |   |  |
| Principal Place of Business<br><b>1747 VENUS DRIVE<br/>SANIBEL FL 33957<br/>US</b>  |         |   | Mailing Address<br><b>1542 ROYAL POINCIANA DR.<br/>SANIBEL FL 33957</b> |   |  |
| 2. Principal Place of Business  |         | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.   |         | Suite, Apt. #, etc.   |   |   |  |
| City & State  |         | City & State  |   |   |  |
| Zip   | Country | Zip   | Country   | 4. FEI Number <b>59-1673335</b> Applied For <input type="checkbox"/> Not Applicable             |  |
| 6. Name and Address of Current Registered Agent<br><b>FOWLER, DAVID K<br/>1747 VENUS DRIVE<br/>SANIBEL FL 33957</b>   |         |   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 7. Name and Address of New Registered Agent   |         |   |   | Name  |  |
|   |         |   |   | Street Address (P.O. Box Number is Not Acceptable)  |  |
|   |         |   |   | City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.   |         |   |   |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |         |   |   |   |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2004</b>  |         | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   | <b>Make Check Payable to Florida Department of State</b>  |  |
| 10. OFFICERS AND DIRECTORS  |         |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                   |   |  |
| TITLE   | S       | JONES, DAVID  | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |         | 1671 HIBISCUS DR  |   | NAME  |  |
| STREET ADDRESS  |         | SANIBEL FL 33957  |   | STREET ADDRESS  |  |
| CITY-ST-ZIP   |         |   |   | CITY-ST-ZIP   |  |
| TITLE   | D       | DIETZ, CARL H   | <input checked="" type="checkbox"/> Delete                              | TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  |         | 1524 ANGEL DR   |   | NAME  | <b>D</b>   |
| STREET ADDRESS  |         | SANIBEL FL 33957  |   | STREET ADDRESS  | <b>O'Donnell, Kevin</b>  |
| CITY-ST-ZIP   |         |   |   | CITY-ST-ZIP   | <b>1870 Dixie Beach Blvd.<br/>Sanibel, FL 33957</b>                          |
| TITLE   | D       | SCHRODER, ANDREW  | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |         | 1475 ANGEL DR   |   | NAME  |  |
| STREET ADDRESS  |         | SANIBEL FL 33957  |   | STREET ADDRESS  |  |
| CITY-ST-ZIP   |         |   |   | CITY-ST-ZIP   |  |
| TITLE   | D       | BAKER, WILLIAM  | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |         | 1470 ANGEL DR   |   | NAME  |  |
| STREET ADDRESS  |         | SANIBEL FL 33957  |   | STREET ADDRESS  |  |
| CITY-ST-ZIP   |         |   |   | CITY-ST-ZIP   |  |
| TITLE   | H       | HELTERS, WILLIAM  | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |         | 1542 ROYAL POINCIANA DR   |   | NAME  |  |
| STREET ADDRESS  |         | SANIBEL FL 33957  |   | STREET ADDRESS  |  |
| CITY-ST-ZIP   |         |   |   | CITY-ST-ZIP   |  |
| TITLE   | P       | FOWLER, RICHARD P   | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |         | 1747 VENUS DRIVE  |   | NAME  |  |
| STREET ADDRESS  |         | SANIBEL FL 33957  |   | STREET ADDRESS  |  |
| CITY-ST-ZIP   |         |   |   | 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: <u>William L. Helters</u> <b>William Helters</b> <u>3/7/04</u> <b>(339) 395-8797</b>   |         |   |   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR Date Daytime Phone #  |         |   |   |   |  |

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MOORE CR2E037 (11/03)