


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # 725577 1. Entity Name SANIBEL ISLES-WATER SHADOWS CIVIC IMPROVEMENT ASSOCIATION, INC.	
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Principal Place of Business 1747 VENUS DRIVE SANIBEL, FL 33957 US	Mailing Address 1542 ROYAL POINCIANA DR. SANIBEL, FL 33957
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04092005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1673335	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FOWLER, DAVID K
 1747 VENUS DRIVE
 SANIBEL, FL 33957

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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 _____

Filing Fee is \$61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S JONES, DAVID 1671 HIBISCUS DR SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D O'DONNELL, KEVIN 1870 DIXIE BEACH BLVD SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHRODER, ANDREW 1475 ANGEL DR SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BAKER, WILLIAM 1470 ANGEL DR SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HELTERS, WILLIAM 1542 ROYAL POINCIANA DR SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FOWLER, RICHARD P 1747 VENUS DRIVE SANIBEL, FL 33957

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 04/13/05-80107-017 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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. Helters* William L. Helters 4/9/05 239-395-8797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #