


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90016 049 ****61.25

DOCUMENT # 725577					
1. Entity Name SANIBEL ISLES-WATER SHADOWS CIVIC IMPROVEMENT ASSOCIATION, INC.					
Principal Place of Business 1747 VENUS DRIVE SANIBEL, FL 33957 US			Mailing Address 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			
Zip	Country	Zip	Country	4. FEI Number 59-1673335	Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent FOWLER, DAVID K 1747 VENUS DRIVE SANIBEL, FL 33957				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when constituting)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONES, DAVID		NAME		
STREET ADDRESS	1671 HIBISCUS DR		STREET ADDRESS		
CITY-ST-ZIP	SANIBEL, FL 33957		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	O'DONNELL, KEVIN		NAME	D Shareen Groce	
STREET ADDRESS	1870 DIXIE BEACH BLVD		STREET ADDRESS	1694 Dixie Beach Blvd	
CITY-ST-ZIP	SANIBEL, FL 33957		CITY-ST-ZIP	SANIBEL, FL 33957	
TITLE	D	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHRODER, ANDREW		NAME		
STREET ADDRESS	1475 ANGEL DR		STREET ADDRESS		
CITY-ST-ZIP	SANIBEL, FL 33957		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAKER, WILLIAM		NAME	Steve Terrett	
STREET ADDRESS	1470 ANGEL DR		STREET ADDRESS	1740 Jewel Box Dr	
CITY-ST-ZIP	SANIBEL, FL 33957		CITY-ST-ZIP	SANIBEL, FL 33957	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELTERS, WILLIAM		NAME		
STREET ADDRESS	1542 ROYAL POINCIANA DR		STREET ADDRESS		
CITY-ST-ZIP	SANIBEL, FL 33957		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOWLER, RICHARD P		NAME		
STREET ADDRESS	1747 VENUS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SANIBEL, FL 33957		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 <i>William L. Helters</i> William L. Helters			3/22/06 239-395-8797		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		