



**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 725577</b> 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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**DO NOT WRITE IN THIS SPACE**



04172008 No Chg-NP CR2E037 (4/06)

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

**6. Name and Address of Current Registered Agent**

FOWLER, DAVID K  
1747 VENUS DRIVE  
SANIBEL, FL 33957

**DO NOT WRITE  
IN THIS SPACE**

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 reappointing) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

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 GROCE, SHAREEN 1694 DIXIE BEACH BLVD SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHRODER, ANDREW 1475 ANGEL DR SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JERRETT, STEVE 1740 JEWEL BOX DR SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HELPER, WILLIAM 1542 ROYAL POINCIANA DR SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOWLER, RICHARD P 1747 VENUS DRIVE SANIBEL, FL 33957

U000009320394  
05/14/08-80042-014 61.25

**DO NOT WRITE  
IN THIS SPACE**

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** William L. Helpers William L. Helpers 4/17/08 239-395-8797  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
Treasurer