

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725577

FILED
Mar 04, 2009
Secretary of State

Entity Name: SANIBEL ISLES-WATER SHADOWS CIVIC IMPROVEMENT ASSOCIATION, INC.

Current Principal Place of Business:

1747 VENUS DRIVE
SANIBEL, FL 33957 US

New Principal Place of Business:

1475 ANGEL DR.
SANIBEL, FL 33957 US

Current Mailing Address:

1542 ROYAL POINCIANA DR.
SANIBEL, FL 33957

New Mailing Address:

FEI Number: 59-1673335 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: JONES, DAVID
Address: 1671 HIBISCUS DR
City-St-Zip: SANIBEL, FL 33957

Title: D () Delete
Name: GROCE, SHAREEN
Address: 1694 DIXIE BEACH BLVD
City-St-Zip: SANIBEL, FL 33957

Title: P () Delete
Name: SCHRODER, ANDREW
Address: 1475 ANGEL DR
City-St-Zip: SANIBEL, FL 33957

Title: D () Delete
Name: JERRETT, STEVE
Address: 1740 JEWEL BOX DR
City-St-Zip: SANIBEL, FL 33957

Title: T () Delete
Name: HELFERS, WILLIAM
Address: 1542 ROYAL POINCIANA DR
City-St-Zip: SANIBEL, FL 33957 US

Title: D () Delete
Name: FOWLER, RICHARD P
Address: 1747 VENUS DRIVE
City-St-Zip: SANIBEL, FL 33957

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM L. HELFERS

T

03/04/2009

Electronic Signature of Signing Officer or Director

Date