2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT (AR) FILED Apr 23, 2007 08:00 All Secretary of State **DOCUMENT # 725577** 1. Entity Name SANIBEL ISLES-WATER SHADOWS CIVIC IMPROVEMENT ASSOCIATION, INC. Principal Place of Business Mailing Address 1542 ROYAL POINCIANA DR. SANIBEL FL 33957 1747 VENUS DRIVE SANIBEL FL 33957 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, otc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 59-1673335 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FOWLER, DAVID K Street Address (P.O. Box Number is Not Acceptable) 1747 VENUS DRIVE SANIBEL FL 33957 City 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) Signature, typed or printed name of registered agent and title if applicable, FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. U00000725162 Change DITTE ☐ Delete mur JONES, DAVID NAME 05/03/07-80011-009 61.25 STREET ADDRESS 1671 HIBISCUS DR STREET ADDRESS CITY-ST-ZIP SANIBEL FL 33957 CITY-ST-ZIP ☐ Addition Delete HIR Change NAME GROCE, SHAREEN STREET ADDRESS 1694 DIXIE BEACH BLVD STREET ADDRESS CHY-ST-ZIP SANIBEL FL 33957 CHY-ST-ZIP nru Change Delete Addition NAMI SCHRODER, ANDREW STREET ADDRESS STREET ADDRESS 1475 ANGEL DR CUY-ST-ZIP CITY-ST-ZIP SANIBEL FL 33957 Delete Change [] Addition THU

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.

NAME:

TITLE

NAME

BILE

NAME

☐ Delete

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STREET ADDRESS

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CITY+S1-ZIP

JERRETT, STEVE

1740 JEWEL BOX DR

SANIBEL FL 33957

HELFERS, WILLIAM

SANIBEL FL 33957

FOWLER, RICHARD P

1747 VENUS DRIVE

SANIBEL FL 33957

D

1542 ROYAL POINCIANA DR

STREET ADDRESS

STREET LADORESS

STREET ADDRESS

CHY-ST-ZIP

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TITLE

NAME

CITY - ST - ZIE

haden William L. Helfers