



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

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

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	
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"/> \$8.75 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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U000000920394 05/14/08-80042-014 61.25	
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 HELPERS, 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		
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 <u>William L. Helpers</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/17/08 239-395-8777 Date Daytime Phone #	