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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997.



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **735002**
1. Corporation Name
Donax Village Condominium Association, Inc.

REINSTATEMENT 96-97

A. Alan
6/18/97

Principal Place of Business Mailing Address

c/o Marquis Management 12661 New Brittany Blvd. Ft. Myers FL 33907

c/o Marquis Mgmt. 12661 New Brittany Blvd. Ft Myers FL 33907

3. Date Incorporated or Qualified **06/16/1975** 3a. Date of Last Report

4. FEI Number **59-1659126** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21. Sulte, Apt. #, etc. 26. Sulte, Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

**Stilphen, Peter
Marquis Management, Inc.
12661 New Brittany Blvd.
Fort Myers, FL 33907**

10. Name and Address of New Registered Agent

81. Name **200002220742-5**

82. Street Address (P.O. Box Number is Not Allowed) **05/24/97-01008-004**
*****175.00 ***175.00**

83.

84. City **200002220742-5**
-05/24/97-01008-004

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement of financial condition to the office of registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Peter Stilphen* **PETER STILPHEN** DATE: **4/16/97**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Kirven, Gerald	
1.3 STREET ADDRESS	3141 Brownsboro Road	
1.4 CITY-ST-ZIP	Louisville, KY 40206-1557	
2.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Crowe, Cecil	
2.3 STREET ADDRESS	835 Angel Wing Drive	
2.4 CITY-ST-ZIP	Sanibel, FL 33957	
3.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Hogg, Norman	
3.3 STREET ADDRESS	733 Cardium Street	
3.4 CITY-ST-ZIP	Sanibel, FL 33957	
4.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Todd, Robert	
4.3 STREET ADDRESS	725 Cardium Street	
4.4 CITY-ST-ZIP	Sanibel, FL 33957	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Patton, Dick	
5.3 STREET ADDRESS	731 Cardium Street	
5.4 CITY-ST-ZIP	Sanibel, FL 33957	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Linstrom, Mary	
6.3 STREET ADDRESS	732 Donax Street	
6.4 CITY-ST-ZIP	Sanibel, FL 33957	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gerald Kirven* **GERALD KIRVEN, PRES.** DATE: **4/9/97** 502-893-7170

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)