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**Apr 13 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **735002** (8)
1. Corporation Name
DONAX VILLAGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address

C/O MARQUIS MANAGEMENT
12661 NEW BRITTANY BLVD.
FT. MYERS FL 33907
US

C/O MARQUIS MANAGEMENT
12661 NEW BRITTANY BLVD.
FT. MYERS FL 33907
US

3. Date Incorporated or Qualified
02/20/1976

4. FEI Number
59-1659126

Applied For
Not Applicable

Principal Place of Business Mailing Address

c/o Marquis Management, Inc.
9400 Gladiolus Drive #100
Fort Myers, Fl. 33908 US

c/o Marquis Management, Inc.
9400 Gladiolus Drive #100
Fort Myers, Fl. 33908 US

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

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

Is this nonprofit corporation a homeowners association?
 Yes No

This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

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 Stilphen, Peter
82 Marquis Management, Inc.
83 9400 Gladiolus Drive #100
84 Fort Myers, FL 33908 US

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KIRVEN, GERALD	
STREET ADDRESS	3141 BROWNSBORO ROAD	
CITY-ST-ZIP	LOUISVILLE KY 40208-1557	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CROWE, CECIL	
STREET ADDRESS	835 ANGEL WING DRIVE	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HOGG, NORMAN	
STREET ADDRESS	733 CARDIUM STREET	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	TODD, ROBERT	
STREET ADDRESS	725 CARDIUM STREET	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LINSTROM, MARY	
STREET ADDRESS	732 DONAX STREET	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	PB	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Diak Patton	
6.3 STREET ADDRESS	731 Cardium St	
6.4 CITY-ST-ZIP	Sanibel FL 33957	

14. I 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: *Mary Linstrom* MARY LINSTROM APR 13 1998 (94) 477-555/3

CR2E037 (10/97)