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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 735002
 1. Corporation Name
DONAX VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business C/O MARQUIS MANAGEMENT 9400 GLADIOLUS DRIVE., #100 FT. MYERS FL 33908 US	Mailing Address C/O MARQUIS MANAGEMENT 9400 GLADIOLUS DRIVE., #100 FT. MYERS FL 33908 US
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2. Principal Place of Business 21 no Heritage Resorts Mgmt Suite, Apt. #, etc.	2a. Mailing Address 26 no Heritage Resorts Mgmt Suite, Apt. #, etc.	3. Date Incorporated or Qualified 02/20/1976
22 1200 Periwinkle Way, Suite 2 City & State	27 1200 Periwinkle Way, Suite 2 City & State	4. FEI Number 59-1659126 Applied For <input type="checkbox"/> Not Applicable
23 Sanibel FL Zip Country	28 Sanibel FL Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 33957 25 USA	29 33957 30 USA	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
STILPHEN, PETER
MARQUIS MANAGEMENT, INC.
9400 GLADIOLUS DRIVE., #100
FORT MYERS FL 33908

10. Name and Address of New Registered Agent
 81 Name **Peter Stilphen - Heritage Resorts Mgmt, Inc.**
 82 Street Address (P.O. Box Number is Not Acceptable)
1200 Periwinkle Way - Suite 2
 83
 84 City **Sanibel** FL 85 Zip Code **33957**

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 *Peter Stilphen* **PETER STILPHEN** DATE **1/19/99**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	KIRVEN, GERALD
STREET ADDRESS	3141 BROWNSBORO ROAD
CITY-ST-ZIP	LOUISVILLE KY 40206-1557
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	D <input type="checkbox"/> DELETE
NAME	TODD, ROBERT
STREET ADDRESS	725 CARDIUM STREET
CITY-ST-ZIP	SANIBEL FL 33957
TITLE	PD <input type="checkbox"/> DELETE
NAME	LINSTROM, MARY
STREET ADDRESS	732 DONAX STREET
CITY-ST-ZIP	SANIBEL FL 33957
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	PATTON, DICK
STREET ADDRESS	731 CARDIUM ST.
CITY-ST-ZIP	SANIBEL FL 33957

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	D <input checked="" 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	SD SCHARBERT, ROBERT
6.3 STREET ADDRESS	744 DONAX STREET
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, with all other like empowered.

SIGNATURE: *M. Scharbert* DATE: **Jan 18, 1999**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)