

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90044 041 ****61.25

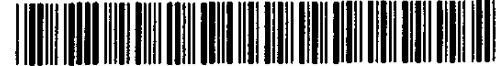
DOCUMENT # 735002

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



2. Principal Place of Business

21 40 Heritage Resorts Mgmt
Suite, Apt. #, etc.

22 1200 Periwinkle Way, Suite 2
City & State

23 Sanibel FL
Zip Country

24 33957 25 USA

2a. Mailing Address

26 40 Heritage Resorts Mgmt
Suite, Apt. #, etc.

27 1200 Periwinkle Way, Suite 2
City & State

28 Sanibel FL
Zip Country

29 33957 30 USA

3. Date Incorporated or Qualified

02/20/1976

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

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
Signature, typed or printed name of registered agent and title if applicable

PETER STILPHEN
(NOTE: Registered Agent signature required when reinstating)

DATE

1/19/99

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE D
NAME KIRVEN, GERALD
STREET ADDRESS 3141 BROWNSBORO ROAD
CITY-ST-ZIP LOUISVILLE KY 40206-1557

TITLE VD
NAME CROWE, CECIL
STREET ADDRESS 835 ANGEL WING DRIVE
CITY-ST-ZIP SANIBEL FL 33957

TITLE TD
NAME HOGG, NORMAN
STREET ADDRESS 733 CARDIUM STREET
CITY-ST-ZIP SANIBEL FL 33957

TITLE D
NAME TODD, ROBERT
STREET ADDRESS 725 CARDIUM STREET
CITY-ST-ZIP SANIBEL FL 33957

TITLE PD
NAME LINSTROM, MARY
STREET ADDRESS 732 DONAX STREET
CITY-ST-ZIP SANIBEL FL 33957

TITLE SD
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 ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE SD ☐ Change ☒ Addition
6.2 NAME 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)