

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90025 042 ****61.25

DOCUMENT # 735002
 1. Entity Name
DONAX VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business C/O HERITAGE RESORTS MGMT. 1200 PERIWINKLE WAY, SUITE 2 SANIBEL FL 33957 US	Mailing Address C/O HERITAGE RESORTS MGMT. 1200 PERIWINKLE WAY, SUITE 2 SANIBEL FL 33957-4704 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business C/o Heritage "Assn" Mgmt	3. Mailing Address C/o Heritage "Assn" Mgmt
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 59-1659126	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
STILPHEN, PETER
C/O HERITAGE RESORTS MANAGEMENT, INC.
1200 PERIWINKLE WAY, SUITE 2
SANIBEL FL 33957

7. Name and Address of New Registered Agent
 Name **Carol Pappas**
 Street Address (P.O. Box Number is Not Acceptable)
C/o Heritage "Association" Management, Inc.
 City **FL** Zip Code

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.

SIGNATURE *Carol Pappas* **Carol Pappas** DATE **1-17-00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KIRVEN, GERALD 3141 BROWNSBORO ROAD LOUISVILLE KY 40206-1557	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROWE, CECIL 835 ANGEL WING DRIVE SANIBEL FL 33957	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOGG, NORMAN 733 CARDIUM STREET SANIBEL FL 33957	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TODD, ROBERT 725 CARDIUM STREET SANIBEL FL 33957	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LINSTROM, MARY 732 DONAX STREET SANIBEL FL 33957	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHARBERT, ROBERT 744 DONAX STREET SANIBEL FL 33957	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lengacher, Arthur 742 Donax Street Sanibel FL 33957	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: *Mary E. Linstrom* **Mary E. Linstrom** DATE **1-17-00** DAYTIME PHONE # **941-472-5543**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

017 (3/99)