

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90085 026 \*\*\*\*61.25

**DOCUMENT # 735002**

1. Entity Name  
**DONAX VILLAGE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**C/O ISLAND REALTY & MANAGEMENT  
P.O. BOX 100  
SANIBEL, FL 33957 US**

Mailing Address  
**C/O ISLAND REALTY & MANAGEMENT  
P.O. BOX 100  
SANIBEL, FL 33957 US**

**44035325**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04122004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-1659126**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PAPPAS, CAROL  
C/O ISLAND REALTY & MANAGEMENT  
POB 100 - 703 TARPON BAY ROAD  
SANIBEL, FL 33957**

Name

Street Address (P.O. Box Number is Not Acceptable)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	KIRVEN, GERALD	
STREET ADDRESS	739 CARDIAN ST	
CITY-ST-ZIP	SANIBEL, FL 33957	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	POND, CHRISTY	
STREET ADDRESS	750 DONAX ST	
CITY-ST-ZIP	SANIBEL, FL 33957	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LIEBERMAN, HAROLD	
STREET ADDRESS	730 DONAX STREET	
CITY-ST-ZIP	SANIBEL, FL 33957	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LINSTROM, MARY	
STREET ADDRESS	732 DONAX STREET	
CITY-ST-ZIP	SANIBEL, FL 33957	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHARBERT, ROBERT	
STREET ADDRESS	744 DONAX STREET	
CITY-ST-ZIP	SANIBEL, FL 33957	
TITLE	D	<input type="checkbox"/> Delete
NAME	HRABIKY, PAUL	
STREET ADDRESS	747 CARDIAN ST	
CITY-ST-ZIP	SANIBEL, FL 33957	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	739 Cardian St	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Norman Hogg	
STREET ADDRESS	733 Cardian St	
CITY-ST-ZIP	Sanibel FL 33957	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul Hrabsky	
STREET ADDRESS	747 Cardian St	
CITY-ST-ZIP		

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/15/04 954-255-2201**