

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90241 033 ****61.25

DOCUMENT # 735002 <small>1. Entity Name</small> DONAX VILLAGE CONDOMINIUM ASSOCIATION, INC.					
<small>Principal Place of Business</small> C/O ISLAND REALTY & MANAGEMENT P.O. BOX 100 SANIBEL, FL 33957 US			<small>Mailing Address</small> C/O ISLAND REALTY & MANAGEMENT P.O. BOX 100 SANIBEL, FL 33957 US		
<small>2. Principal Place of Business</small> do Island Management Group		<small>3. Mailing Address</small> do Island Management Group			
<small>Suite, Apt. #, etc.</small> 		<small>Suite, Apt. #, etc.</small> 		01142005 Chg-NP CR2E037 (10/03)	
<small>City & State</small> 		<small>City & State</small> 		<small>4. FEI Number</small> 59-1659126	
<small>Zip</small> 		<small>Country</small> 		<small>Applied For</small> Not Applicable	
<small>5. Certificate of Status Desired</small> <input type="checkbox"/>		<small>\$8.75 Additional Fee Required</small>			
<small>6. Name and Address of Current Registered Agent</small> PAPPAS, CAROL C/O ISLAND REALTY & MANAGEMENT POB 100 - 703 TARPON BAY ROAD SANIBEL, FL 33957				<small>7. Name and Address of New Registered Agent -</small> <small>Name</small> Steven J. Mackesy <small>Street Address (P.O. Box Number is Not Acceptable)</small> do Island Management Group PO Box 100 - 711 Tarpon Bay Road <small>City</small> Sanibel <small>FL</small> <small>Zip Code</small> 33957	
<small>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.</small> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;"> <small>SIGNATURE</small> </div> <div style="width: 40%; text-align: center;"> Steven Mackesy </div> <div style="width: 20%; text-align: right;"> 4-11-05 <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2005		<small>9. Election Campaign Financing Trust Fund Contribution.</small> <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<small>Make check payable to Florida Department of State</small>					
<small>10. OFFICERS AND DIRECTORS</small>			<small>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</small>		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	VD KIRVEN, GERALD 739 CARDIUM ST. SANIBEL, FL 33957	<input type="checkbox"/> Delete			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	D HOGG, NORMAN 733 CARDIUM ST. SANIBEL, FL 33957	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	SD LIEBERMAN, HAROLD 730 DONAX STREET SANIBEL, FL 33957	<input type="checkbox"/> Delete			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	TD LINSTROM, MARY 732 DONAX STREET SANIBEL, FL 33957	<input type="checkbox"/> Delete			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	PD SCHARBERT, ROBERT 744 DONAX STREET SANIBEL, FL 33957	<input type="checkbox"/> Delete			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	D HRABSKY, PAUL 747 CARDIUM ST. SANIBEL, FL 33957	<input type="checkbox"/> Delete			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	D Robert Gibson 743 Cardium street Sanibel FL 33957	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
<small>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.</small>					
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE: </div> <div style="width: 20%; text-align: center;"> 1/17/05 <small>Date</small> </div> <div style="width: 30%; text-align: right;"> 954-255-229 <small>Daytime Phone #</small> </div> </div>					