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Apr 13 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 735002 (8)

1. Corporation Name

DONAX VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O MARQUIS MANAGEMENT
12661 NEW BRITTANY BLVD.
FT. MYERS FL 33907
US

C/O MARQUIS MANAGEMENT
12661 NEW BRITTANY BLVD.
FT. MYERS FL 33907
US

3. Date Incorporated or Qualified

02/20/1976

4. FEI Number

59-1659126

Applied For

Not Applicable

9. Principal Place of Business

2a. Mailing Address

c/o Marquis Management, Inc.
9400 Gladiolus Drive #100
Fort Myers, FL 33908 US

c/o Marquis Management, Inc.
9400 Gladiolus Drive #100
Fort Myers, FL 33908 US

Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STILPHEN, PETER
MARQUIS MANAGEMENT, INC.
12661 NEW BRITTANY BLVD.
FORT MYERS FL 33907

81 Stilphen, Peter
82 Marquis Management, Inc.
83 9400 Gladiolus Drive #100
84 Fort Myers, FL 33908 US

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ 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 ☐ Change ☒ Addition

6.2 NAME SD
6.3 STREET ADDRESS Dick Patton
6.4 CITY-ST-ZIP 731 Cardium St
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.

SIGNATURE: Mary Linstrom MARQUE LINSTROM April 26, 1998 (94) 477-555/3

CR2E037 (10/97)