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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 735002

1. Corporation Name
DONAX VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O MARQUIS MANAGEMENT 9400 GLADIOLUS DRIVE.. #100 FT. MYERS FL 33908 US	C/O MARQUIS MANAGEMENT 9400 GLADIOLUS DRIVE.. #100 FT. MYERS FL 33908 US

2. Principal Place of Business	2a. Mailing Address
21 c/o Heritage Resorts Mgmt	26 c/o Heritage Resorts Mgmt
Suite, Apt. #, etc. 22 1200 Periwinkle Way, Suite 2	Suite, Apt. #, etc. 27 1200 Periwinkle Way, Suite 2
City & State 23 Sanibel FL	City & State 28 Sanibel FL
Zip / Country 24 33957 25 USA	Zip / Country 29 33957 30 USA

3. Date Incorporated or Qualifed: 02/20/1976

4. FEI Number: 59-1659126 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 PETER STILPHEN 1/19/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	VD	☒ Change ☐ Addition
NAME	KIRVEN, GERALD		1.2 NAME		
STREET ADDRESS	3141 BROWNSBORO ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE KY 40206-1557		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	CROWE, CECIL		2.2 NAME		
STREET ADDRESS	835 ANGEL WING DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	SANIBEL FL 33957		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HOGG, NORMAN		3.2 NAME		
STREET ADDRESS	733 CARDIUM STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	SANIBEL FL 33957		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	TODD, ROBERT		4.2 NAME		
STREET ADDRESS	725 CARDIUM STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	SANIBEL FL 33957		4.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LINSTROM, MARY		5.2 NAME		
STREET ADDRESS	732 DONAX STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	SANIBEL FL 33957		5.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	6.1 TITLE	SD	☐ Change ☒ Addition
NAME	PATTON, DICK		6.2 NAME	SCHARBERT, ROBERT	
STREET ADDRESS	731 CARDIUM ST.		6.3 STREET ADDRESS	744 DONAX STREET	
CITY-ST-ZIP	SANIBEL FL 33957		6.4 CITY-ST-ZIP	SANIBEL FL 33957	

CR2E037 (11/98)

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 REQUIRED Jan 18, 1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #