

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735002

FILED
Apr 22, 2024
Secretary of State
6152932120CC

Entity Name: DONAX VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O ISLAND MANAGEMENT
711 TARPON BAY ROAD
SANIBEL, FL 33957

Current Mailing Address:

C/O ISLAND MANAGEMENT
PO BOX 100
SANIBEL, FL 33957 US

FEI Number: 59-1659126

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SIMAR SANIBEL MANAGEMENT, INC. DBA ISLAND MANAGEMENT GROUP
C/O ISLAND MANAGEMENT
PO BOX 100
SANIBEL, FL 33957 US

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: STEPHEN LODWICK

04/22/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name LEVEY, ROGER
Address C/O ISLAND MANAGEMENT
PO BOX 100
City-State-Zip: SANIBEL FL 33957

Title SECRETARY
Name LOVEJOY, JOAN
Address C/O ISLAND MANAGEMENT
PO BOX 100
City-State-Zip: SANIBEL FL 33957

Title TREASURER
Name LINSTROM, JEFF
Address C/O ISLAND MANAGEMENT
PO BOX 100
City-State-Zip: SANIBEL FL 33957

Title DIRECTOR
Name FENNECKEN, BILL
Address C/O ISLAND MANAGEMENT
PO BOX 100
City-State-Zip: SANIBEL FL 33957

Title PRESIDENT
Name SCHILLER, KONI
Address C/O ISLAND MANAGEMENT
PO BOX 100
City-State-Zip: SANIBEL FL 33957

Title DIRECTOR
Name HUGHES, TOM
Address C/O ISLAND MANAGEMENT
PO BOX 100
City-State-Zip: SANIBEL FL 33957

Title DIRECTOR
Name TYNAN, SHIRLEY
Address C/O ISLAND MANAGEMENT
PO BOX 100
City-State-Zip: SANIBEL FL 33957

Title DIRECTOR
Name HURLEY, PHILIP
Address C/O ISLAND MANAGEMENT
PO BOX 100
City-State-Zip: SANIBEL FL 33957

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KONI SCHILLER

PRESIDENT

04/22/2024

Electronic Signature of Signing Officer/Director Detail

Date