2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735002

Entity Name: DONAX VILLAGE CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 22, 2024
Secretary of State
6152932120CC

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
 Title
 SECRETARY

 Name
 LEVEY, ROGER
 Name
 LOVEJOY, JOAN

Address C/O ISLAND MANAGEMENT Address C/O ISLAND MANAGEMENT

PO BOX 100 PO BOX 100

City-State-Zip: SANIBEL FL 33957 City-State-Zip: SANIBEL FL 33957

Title TREASURER Title DIRECTOR

Name LINSTROM, JEFF Name FENNECKEN, BILL

Address C/O ISLAND MANAGEMENT Address C/O ISLAND MANAGEMENT

PO BOX 100 PO BOX 100

City-State-Zip: SANIBEL FL 33957 City-State-Zip: SANIBEL FL 33957

Title PRESIDENT Title DIRECTOR

Name SCHILLER, KONI Name HUGHES, TOM

Address C/O ISLAND MANAGEMENT Address C/O ISLAND MANAGEMENT

PO BOX 100 PO BOX 100

City-State-Zip: SANIBEL FL 33957 City-State-Zip: SANIBEL FL 33957

TitleDIRECTORTitleDIRECTORNameTYNAN, SHIRLEYNameHURLEY, PHILIP

Address C/O ISLAND MANAGEMENT Address C/O ISLAND MANAGEMENT

PO BOX 100 PO BOX 100

City-State-Zip: SANIBEL FL 33957 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