

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 735002

**Entity Name:** DONAX VILLAGE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

741 CARDIUM STREET  
SANIBEL, FL 33957

**Current Mailing Address:**

C/O SANCAP MANAGEMENT, LLC  
PO BOX 1031  
SANIBEL, FL 33957 US

**FEI Number:** 59-1659126

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SANCAP MANAGEMENT LLC  
1177 CAUSEWAY RD  
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:** SHERRY SNYDER

04/13/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name LEVEY, ROGER  
Address 748 DONAX STREET  
City-State-Zip: SANIBEL FL 33957

Title PRESIDENT  
Name ACKLER, JOHN  
Address 741 CARDIUM STREET  
City-State-Zip: SANIBEL FL 33957

Title TREASURER  
Name PATON, KATHLEEN  
Address 724 DONAX ST.  
City-State-Zip: SANIBEL FL 33957

Title VP  
Name GRINNELL, STU  
Address 733 CARDIUM STREET  
City-State-Zip: SANIBEL FL 33957

Title SECRETARY  
Name SCHILLER, KONI  
Address 750 DONAX STREET  
City-State-Zip: SANIBEL FL 33957

Title DIRECTOR  
Name LINSTROM, JEFFREY  
Address 731 CARDIUM ST.  
City-State-Zip: SANIBEL FL 33957

Title DIRECTOR  
Name RUSSELL, BARBARA  
Address 732 DONAX STREET  
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:** JOHN ACKLER

PRESIDENT

04/13/2017

Electronic Signature of Signing Officer/Director Detail

Date