

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735002

Entity Name: DONAX VILLAGE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**C/O SANCAP MANAGEMENT
1101 PERIWINKLE WAY STE 109
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:**SNYDER, SHERRY
C/O SANCAP MANAGEMENT
1101 PERIWINKLE WAY SUITE 109
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

04/29/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title VP
Name LEVEY, ROGER
Address 748 DONAX STREET
City-State-Zip: SANIBEL FL 33957Title TREASURER
Name LINSTROM, JEFF
Address 731 CARDIUM ST
#13
City-State-Zip: SANIBEL FL 33957Title PRESIDENT
Name SCHILLER, KONI
Address 750 DONAX STREET
City-State-Zip: SANIBEL FL 33957Title DIRECTOR
Name BRADLEY, LISA
Address 743 CARDIUM STREET
City-State-Zip: SANIBEL FL 33957Title DIRECTOR
Name LOVEJOY, JOAN
Address 733 CARDIUM STREET
#14
City-State-Zip: SANIBEL FL 33957Title DIRECTOR
Name DORAN, JAN
Address 744 DONAX STREET
City-State-Zip: SANIBEL FL 33957Title DIRECTOR
Name HUGHES, TOM
Address 730 DONAX ST.
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

04/29/2022

Electronic Signature of Signing Officer/Director Detail

Date