

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735002

1. Entity Name

DONAX VILLAGE CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90025 042 ****61.25

Principal Place of Business

Mailing Address

C/O HERITAGE RESORTS MGMT.
1200 PERIWINKLE WAY, SUITE 2
SANIBEL FL 33957
US

C/O HERITAGE RESORTS MGMT.
1200 PERIWINKLE WAY, SUITE 2
SANIBEL FL 33957-4704
US

2. Principal Place of Business

C/O Heritage "Assn" Mgmt

3. Mailing Address

C/O Heritage "Assn" Mgmt

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1659126

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STILPHEN, PETER
C/O HERITAGE RESORTS MANAGEMENT, INC.
1200 PERIWINKLE WAY, SUITE 2
SANIBEL FL 33957

Name

Carol Pappas

Street Address (P.O. Box Number is Not Acceptable)

C/O Heritage "Association" Management, Inc.

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	KIRVEN, GERALD	
STREET ADDRESS	3141 BROWNSBORO ROAD	
CITY-ST-ZIP	LOUISVILLE KY 40206-1557	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CROWE, CECIL	
STREET ADDRESS	835 ANGEL WING DRIVE	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HOGG, NORMAN	
STREET ADDRESS	733 CARDIUM STREET	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TODD, ROBERT	
STREET ADDRESS	725 CARDIUM STREET	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LINSTROM, MARY	
STREET ADDRESS	732 DONAX STREET	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SCHARBERT, ROBERT	
STREET ADDRESS	744 DONAX STREET	
CITY-ST-ZIP	SANIBEL FL 33957	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lengacher, Arthur	
STREET ADDRESS	742 Donax Street	
CITY-ST-ZIP	Sanibel FL 33957	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary E. Unstrom

Date

Daytime Phone #

1-17-00 941-472-5543