




2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90094 039 ****61.25

DOCUMENT # 735002 1. Entity Name DONAX VILLAGE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O ISLAND MANAGEMENT GROUP P.O. BOX 100 SANIBEL, FL 33957 US			Mailing Address C/O ISLAND MANAGEMENT GROUP P.O. BOX 100 SANIBEL, FL 33957 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 24pt; font-weight: bold;">60037512</div>  <div style="margin-top: 10px;"> 04122006 Chg-NP CR2E037 (11/05) </div>	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-1659126		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				<div style="font-size: 24pt; font-weight: bold;">60037512</div>  <div style="margin-top: 10px;"> 04122006 Chg-NP CR2E037 (11/05) </div>	
6. Name and Address of Current Registered Agent MACKESY, STEVEN J C/O ISLAND MANAGEMENT GROUP PO BOX 100 - 711 TARPON BAY ROAD SANIBEL, FL 33957					
7. Name and Address of New Registered Agent- Name <u>Michael Miller</u> Street Address (P.O. Box Number is Not Acceptable) <u>8961 Conference Dr., Ste 2</u> City <u>A. Myers</u> State <u>FL</u> Zip Code <u>33919</u>					
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. I am familiar with, and accept the obligations of registered agent. <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> SIGNATURE <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> <u>Michael Miller, Assistant Treasurer</u> </div> <div style="width: 20%;"> DATE <u>4/25/06</u> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KIRVEN, GERALD 739 CARDIUM ST. SANIBEL, FL 33957	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER ROGER L GUEY 748 DONAX ST. SANIBEL, FL 33957	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GIBSON, ROBERT 743 CARDIUM ST SANIBEL, FL 33957	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC. BARBARA CHURCHILL 736 DONAX ST. SANIBEL, FL 33957	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LIEBERMAN, HAROLD 730 DONAX STREET SANIBEL, FL 33957	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KONZ SCHILLER 750 DONAX ST. SANIBEL, FL 33957	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD LINSTROM, MARY 732 DONAX STREET SANIBEL, FL 33957	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SCHARBERT, ROBERT 744 DONAX STREET SANIBEL, FL 33957	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HRABSKY, PAUL 747 CARDIUM ST. SANIBEL, FL 33957	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>MARY LINSTROM</u> <u>PRESIDENT</u> Date <u>4-16-06</u> Daytime Phone # <u>(239) 472-5543</u>					