2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# 735002

Entity Name: DONAX VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O ROGER L. LEVEY
340 EAST 93RD STREET
NEW YORK, NY 10128 US

New Principal Place of Business:

Current Mailing Address:

C/O ROGER L. LEVEY
340 EAST 93RD STREET
NEW YORK, NY 10128 US

New Mailing Address:

FEI Number: 59-1659126 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEVEY, ROGER L
748 DONAX STREET
SANIBEL, FL 33957 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: MR. ( ) Delete
Name: LEVEY, ROGER L
Address: 340 EAST 93RD STREET
City-St-Zip: NEW YORK, NY 10128

Title: MR ( ) Delete
Name: LINSTROM, ROBERT
Address: 732 DONAX ST
City-St-Zip: SANIBEL, FL 33957

Title: MS. ( ) Delete
Name: SCHILLER, KONI
Address: 750 DONAX STREET
City-St-Zip: SANIBEL, FL 33957

Title: MS ( ) Delete
Name: LANE, SHARON
Address: 738 DONAX STREET
City-St-Zip: SANIBEL, FL 33957

Title: MS ( ) Delete
Name: KANE, CAROL
Address: 743 CARDIUM STREET
City-St-Zip: SANIBEL, FL 33957

Title: MS ( ) Delete
Name: EVERETT, CHRIS
Address: 745 CARDIUM STREET
City-St-Zip: SANIBEL, FL 33957

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MS (X) Change ( ) Addition
Name: LINSTROM, BARBARA
Address: 732 DONAX ST
City-St-Zip: SANIBEL, FL 33957

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROGER L. LEVEY PRES 01/14/2009
Electronic Signature of Signing Officer or Director Date