SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 22 AM 9:18

DOCUMENT # 765213 **(4)**

1. Corporation Name
NANI LI'I CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
DICKEY LANE ~~P.O. BOX 189~~ PO BOX 1133 CAPTIVA FL 33924	DICKEY LANE ~~P.O. BOX 189~~ PO BOX 1133 CAPTIVA FL 33924

3. Date Incorporated or Qualified: 09/28/1982
3a. Date of Last Report: 04/22/1994
4. FEI Number: 59-2226246 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 P.O. BOX 1133 11411 DICKEY LANE	26 P.O. BOX 1133
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: CAPTIVA FL	28 City & State: CAPTIVA FL
24 Zip: 33924 25 Country: USA	29 Zip: 33924 30 Country: USA

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCHUMACHER, PATRICIA PAVEL CAPTIVA DRIVE., POB 189 CAPTIVA FL 33924	61 Name: ELAINE SMITH 62 Street Address (P.O. Box Number is Not Acceptable): 11411 DICKEY LANE #S 63 64 City: CAPTIVA FL 65 Zip Code: 33924

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Elaine Smith ELAINE SMITH 6-16-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	DICKINSON, ANNE	12 NAME	JEAN WILKOWSKI	
STREET ADDRESS	47 LYDON WAY	13 STREET ADDRESS	2500 VIRGINIA AVE NW #1116	
CITY-ST-ZIP	DORCHESTER MA	14 CITY-ST-ZIP	WASHINGTON DC 20037	
TITLE	TD	21 TITLE	VPD	☒ Change ☐ Addition
NAME	WILKOWSKI, JEAN	22 NAME	ANN DICKINSON	
STREET ADDRESS	2500 VIRGINI AVE. NW #1116	23 STREET ADDRESS	29 COUNTRY CLUB CIRCLE	
CITY-ST-ZIP	WASHINGTON DC 20037	24 CITY-ST-ZIP	SCITUATE, MA 02066	
TITLE	VD	31 TITLE	~~VD~~ S	☒ Change ☐ Addition
NAME	DAVIS, AGNES	32 NAME	PEG EBERLE	
STREET ADDRESS	700 NEW HAMPSHIRE AVE. NW	33 STREET ADDRESS	SHELL POINT VILLAGE #2707 JUNONIA CT	
CITY-ST-ZIP	WASHINGTON DC 20037	34 CITY-ST-ZIP	FT MYERS FL 33908-1603	
TITLE	S	41 TITLE	~~S~~ TD	☒ Change ☐ Addition
NAME	EBERLE, MARGARET	42 NAME	AGNES DAVIS	
STREET ADDRESS	6736 NEWBURGH RD.	43 STREET ADDRESS	700 NEW HAMPSHIRE AVE NW	
CITY-ST-ZIP	EVANSVILLE IN 47715	44 CITY-ST-ZIP	WASHINGTON DC 20037	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Margaret F Eberle Margaret F Eberle 6-19-95 ph 813-454-8894
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0015379