2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 29, 2007 08:00 A Secretary of State

Process Proc	DOCUMENT # 765213. 1. Entity Name NANI LI'I CONDOMINIUM ASSOCIATION, INC.				S	ecretary of Sta	
DO NOT WRITE IN THIS SPACE 4. FEI Number 59.2226246	11411 DICKI P.O. BOX 11	EY LANE P 33 C	.O. BOX 1133		A ARAM PROJECTION TO HER HER LITTERS	NE BARN BIEN BIEN BIEN BIEN BIEN BIENBA EN HOBE	
SIGNATURE Filing Fee is \$61.25 Due by May 1, 2007 Thus Fund Contribution 10. 11. OFFICERS AND DIRECTORS Titles Fund Contribution Title AMASHINGTON, DC TITLE CAPTER, RUTH MAKE DAVIS, AGNES SIGNATURE JAVIS, AGNES JAVIS, AGNES SIGNATURE JAVIS, AGNES JAVIS,		io Not Write in	N THIS SPA	CE	03242007 No Chg-NP	CR2E037 (4/06)	
ELAINE SMITH 11411 DICKEY LN CAPTIVA, FL 33924 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 two obligations of registered agent. SIGNATURE Signature species person name of registered agent					59-2226246	Not Applicable \$8.75 Additional	
the obligations of registered agent. SignaTure: SignaTure: SignaTure: Signature in registered agent and ites if applicable	11411 DIC CAPTIVA,	MITH KEY LN FL 33924			IN THIS SI	PACE	
Filing Fee is \$61.25 Due by May 1, 2007 10.	the obligations of registered agent. SIGNATURE						
TITLE NAME DAVIS, DAVID TITLE WASHINGTON, DC TITLE NAME CARTER, RUTH OBNORTH RANDOLPH STREET CITY-ST-ZPP TITLE PD DAVIS, AGNES TO NEW HAMPSHIRE AVE. NW WASHINGTON, VA 22201 TITLE PD DAVIS, AGNES TO NEW HAMPSHIRE AVE. NW WASHINGTON, DC TITLE STRET ADDRESS CITY-ST-ZPP TITLE STRET ADDRESS CITY-ST-ZPP TITLE STRET ADDRESS CITY-ST-ZPP TITLE NAME STRETADORESS CITY-ST-ZPP TITLE NAME STRETADORESS CITY-ST-ZPP TITLE NAME TITLE TITLE NAME TITLE NAME TITLE TITLE TITLE NAME TITLE TITLE TITLE TITLE TITLE NAME TITLE							
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STREET ADDRESS SHELL POINT VILLAGE, #2707 JUNONIA CT. CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME	STREET ADDRESS CITY-S1-ZIP	700 NEW HAMPSHIRE AVE. NW WASHINGTON, DC			""管理中的一个方式的表现在最级的对象的一种从		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	NAME STREET ADDRESS CITY-ST-ZIP	EBERLE, PEG SHELL POINT VILLAGE, #2707 JUNC	ONIA CT.		INITE	FACE .	
NAME	NAME STREET ADDRESS						
CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information in the contained in Chapter 119, Florida Statutes. I further certify that the information in the contained in Chapter 119, Florida Statutes. I further certify that the information in the contained in Chapter 119, Florida Statutes. I further certify that the information in the contained in Chapter 119, Florida Statutes. I further certify that the information in the contained in Chapter 119, Florida Statutes. I further certify that the information in the contained in Chapter 119, Florida Statutes. I further certify that the information in the contained in Chapter 119, Florida Statutes. I further certify that the information in the contained in Chapter 119, Florida Statutes. I further certify that the information in the contained in Chapter 119, Florida Statutes. I further certify that the information in the contained in Chapter 119, Florida Statutes. I further certify that the information in the contained in Chapter 119, Florida Statutes. I further certify that the information in the contained in Chapter 119, Florida Statutes. I further certify that the information in the contained in Chapter 119, Florida Statutes. I further certification in the contained in Chapter 119, Florida Statutes. I further certification in the contained in Chapter 119, Florida Statutes. I further certification in the contained in Chapter 119, Florida Statutes. I further certification in the contained in Chapter 119, Florida Statutes. I further certification in the contained in Chapter 119, Florida Statutes. I further certification in the contained in Chapter 119, Florida Statutes. I further certification in the contained in Chapter 119, Florida Statutes. I further certification in the contained in Chapter 119, Florida Statutes. I further certification in the contained in th	NAME STREET ADDRESS CITY-ST-ZIP	.,	line days not mark to the	omptions contain	in Chapter 110 Slovids Status	Turber 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: ELAIN ELAIN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELAINE SMITH

3/24/07

239-395-2490

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