2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # 765213

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

Principal Place of Business	Mailing Address
11411 DICKEY LANE P.O. BOX 1133 CAPTIVA, FL 33924 US	P.O. BOX 1133 CAPTIVA, FL 33924 US

02182008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2226246
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ELAINE SMITH
11411 DICKEY LN
CAPTIVA, FL 33924

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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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	DAVIS, DAVID
STREET ADDRESS	700 NEW HAMPSHIRE AVE NW
CITY-ST-ZIP	WASHINGTON, DC
TITLE	TD
NAME	CARTER, RUTH
STREET ADDRESS	1008 NORTH RANDOLPH STREET
CITY-ST-ZIP	ARLINGTON, VA 22201
TITLE	PD
NAME	DAVIS, AGNES
STREET ADDRESS	700 NEW HAMPSHIRE AVE. NW
CITY-ST-ZIP	WASHINGTON, DC
TITLE	S
NAME	EBERLE, PEG
STREET ADDRESS	SHELL POINT VILLAGE, #2707 JUNONIA CT.
CITY-ST-ZIP	FT. MYERS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/05/08-80037-008 61.25

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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: Agnes T Davis 2/18/08 239-395-2490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #