2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2009
Secretary of State

DOCUMENT# 765213

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

Current Principal Place of Business:

11411 DICKEY LANE
P.O. BOX 1133
CAPTIVA, FL 33924 US

New Principal Place of Business:

11411 DICKEY LANE
CAPTIVA, FL 33924 US

Current Mailing Address:

P.O. BOX 1133
CAPTIVA, FL 33924 US

New Mailing Address:

FEI Number: 59-2226246 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ELAINE SMITH
11411 DICKEY LN
CAPTIVA, FL 33924 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:	VPD	( ) Delete
Name:	DAVIS, DAVID	
Address:	700 NEW HAMPSHIRE AVE NW	
City-St-Zip:	WASHINGTON, DC	
Title:	TD	( ) Delete
Name:	CARTER, RUTH	
Address:	1008 NORTH RANDOLPH STREET	
City-St-Zip:	ARLINGTON, VA 22201	
Title:	PD	( ) Delete
Name:	DAVIS, AGNES	
Address:	700 NEW HAMPSHIRE AVE. NW	
City-St-Zip:	WASHINGTON, DC	
Title:	S	( ) Delete
Name:	EBERLE, PEG	
Address:	SHELL POINT VILLAGE, #2707 JUNONIA CT.	
City-St-Zip:	FT. MYERS, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: AGNES DAVIS PD 02/04/2009
Electronic Signature of Signing Officer or Director — Date