

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90060 039 \*\*\*\*61.25

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**DOCUMENT # 765213**

1. Corporation Name

**NANI LI'I CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

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

Mailing Address

P.O. BOX 1133  
CAPTIVA FL 33924  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

09/28/1982

4. FEI Number

59-2226246

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

ELAINE SMITH  
11411 DICKEY LANE #5  
CAPTIVA FL 33924

10. Name and Address of New Registered Agent

81 Name  
ELAINE SMITH  
82 Street Address (P.O. Box Number is Not Acceptable)  
11406 OLD LODGE LANE  
83  
84 City  
CAPTIVA FL 85 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*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-28-99

DATE

12. OFFICERS AND DIRECTORS

TITLE VPD  
NAME DICKINSON, ANN  
STREET ADDRESS 29 COUNTRY CLUB CIRCLE  
CITY-ST-ZIP SCITUATE MA ☐ DELETE

TITLE PD  
NAME WILKOWSKI, JEAN  
STREET ADDRESS 2500 VIRGINIA AVE. NW #1116  
CITY-ST-ZIP WASHINGTON DC ☒ DELETE

TITLE TD  
NAME DAVIS, AGNES  
STREET ADDRESS 700 NEW HAMPSHIRE AVE. NW  
CITY-ST-ZIP WASHINGTON DC ☐ DELETE

TITLE S  
NAME EBERLE, PEG  
STREET ADDRESS SHELL POINT VILLAGE, #2707 JUNONIA CT.  
CITY-ST-ZIP FT. MYERS FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

PD  
DAVIS, AGNES  
700 NEW HAMPSHIRE AVE NW  
WASHINGTON DC ☒ Change ☐ Addition

☐ Change ☐ Addition

TD  
CARTER, RUTH  
1008 N. RANDOLPH ST  
ARLINGTON VA 22201 ☐ Change ☒ Addition

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

*Agnes Davis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-99

Date

703-276-1200

Daytime Phone #

CR2E037 (1/98)