

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765213

1. Entity Name

NANI LI' 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 33924-1133
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2226246

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELAINE SMITH
11406 OLD LODGE LANE
CAPTIVA FL 33924

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE VPD
NAME DAVID DAVIS
STREET ADDRESS 700 NEW HAMPSHIRE AVE NW
CITY-ST-ZIP WASHINGTON DC ☒ Change ☐ Addition

TITLE TD
NAME CARTER, RUTH
STREET ADDRESS 1008 NORTH RANDOLPH STREET
CITY-ST-ZIP ARLINGTON VA 22201 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 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:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-00

941-395-2490

Date

Daytime Phone #

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90020 010 ****61.25



DO NOT WRITE IN THIS SPACE