

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90001 038 ****61.25

DOCUMENT # 765213					
1. Entity 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	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			7. Name and Address of New Registered Agent		
ELAINE SMITH 11411 DICKEY LN 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD		TITLE		
NAME	DAVIS, DAVID		NAME		
STREET ADDRESS	700 NEW HAMPSHIRE AVE NW		STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON, DC		CITY-ST-ZIP		
☐ Delete			☐ Change ☐ Addition		
TITLE	TD		TITLE		
NAME	CARTER, RUTH		NAME		
STREET ADDRESS	1008 NORTH RANDOLPH STREET		STREET ADDRESS		
CITY-ST-ZIP	ARLINGTON, VA 22201		CITY-ST-ZIP		
☐ Delete			☐ Change ☐ Addition		
TITLE	PD		TITLE		
NAME	DAVIS, AGNES		NAME		
STREET ADDRESS	700 NEW HAMPSHIRE AVE. NW		STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON, DC		CITY-ST-ZIP		
☐ Delete			☐ Change ☐ Addition		
TITLE	S		TITLE		
NAME	EBERLE, PEG		NAME		
STREET ADDRESS	SHELL POINT VILLAGE, #2707 JUNONIA CT.		STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS, FL		CITY-ST-ZIP		
☐ Delete			☐ Change ☐ Addition		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
☐ Delete			☐ Change ☐ Addition		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
☐ Delete			☐ Change ☐ Addition		
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: <u>Agnes Davis</u>			2/20/06 239-395-2490		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

40017263



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