FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **725144** **(0)**

1. Corporation Name

CAPE CORAL CONSTRUCTION INDUSTRY ASSOCIATION INC ORPORATION

Principal Place of Business	Mailing Address
1105 CAPE CORAL PKWY SUITE I CAPE CORAL FL 33904	1105 CAPE CORAL PKWY SUITE I CAPE CORAL FL 33904

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 01/03/1973
3a. Date of Last Report: 01/27/1995
4. FEI Number: 59-1920950 ☐ 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DUDLEY, FRED R.
1714 CAPE CORAL PARKWAY
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	Vice President	☐ Change ☒ Addition
NAME	SIMON, L COLLEEN		1.2 NAME	Brian Gomer	
STREET ADDRESS	PO BOX 1132 N/A		1.3 STREET ADDRESS	921 SE 15 Place	
CITY-ST-ZIP	CAPE CORAL FL		1.4 CITY-ST-ZIP	Cape Coral, Fl 33990	
TITLE	P	☒ DELETE	2.1 TITLE *	Past President	☒ Change ☐ Addition
NAME	BODKIN, TIMOTHY		2.2 NAME	Timothy Bodkin	
STREET ADDRESS	1918 DEL PRADO BLVD, #2		2.3 STREET ADDRESS	1918 Del Prado Blvd, Suite #2	
CITY-ST-ZIP	CAPE CORAL FL		2.4 CITY-ST-ZIP	Cape Coral, Fl 33990	
TITLE	TSD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HILL, THOMAS		3.2 NAME		
✓ STREET ADDRESS	1318 LAFAYETTE ST		3.3 STREET ADDRESS	same	
CITY-ST-ZIP	CAPE CORAL FL 33904		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE *	President	☒ Change ☐ Addition
NAME	SCHIVINSKI, JAMES A		4.2 NAME	Schivinski, James A	
✓ STREET ADDRESS	1530 SE 16TH PL, #201		4.3 STREET ADDRESS	1530 SE 16 Place # 201	
CITY-ST-ZIP	CAPE CORAL FL		4.4 CITY-ST-ZIP	Cape Coral, Fl 33990	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PAVESE, FRANK A		5.2 NAME		
✓ STREET ADDRESS	PO BOX 88 N/A		5.3 STREET ADDRESS	same	
CITY-ST-ZIP	CAPE CORAL FL 33910		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	POWELL, MAJORIE		6.2 NAME		
✓ STREET ADDRESS	4206 SE 20TH PL, #106		6.3 STREET ADDRESS	same	
CITY-ST-ZIP	CAPE CORAL FL 33904		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Thomas W Pell 3/4/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #