

DOCUMENT # 725144

1. Entity Name

CAPE CORAL CONSTRUCTION INDUSTRY ASSOCIATION INC**FILED**
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90010 046 ****61.25

Principal Place of Business

Mailing Address

2804 DEL PRADO BLVD.
209-2
CAPE CORAL FL 339042804 DEL PRADO BLVD.
209-2
CAPE CORAL FL 33904-7252

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

59-1920950

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATTI, SCHNELL
2804 DEL PRADO BLVD.
SUITE 209-2
CAPE CORAL FL 33904

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 NAME STREET ADDRESS CITY-ST-ZIP	P HAMILTON, DARIEL 1592 MARKET CIR. PORT CHARLOTTE FL 33953	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HANK KNOWER CSR RINKER MATERIALS 25061 OLD US 41 BONITA SPRINGS FL 34135	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CSR RINKER MATERIAL 25061 OLD US 41 BONITA SPRINGS FL 34135	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ERIC RENZ SEARS CONTRACT SALES 1417-3 DEL PRADO BLVD. #405 CAPE CORAL FL 33990	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WORLEY, TERRY 1110 PINE ISLAND RD., #15 CAPE CORAL FL 33909	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVID HAMILTON 4 SEASONS A/C 1592 MARKET CIR PORT CHARLOTTE, FL 33953	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELLINI, THOMAS 1414 SE 17TH AVE., #103 CAPE CORAL FL 33990	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN REED JOHN REED & CO. 8695 COLLEGE PKWY #224 FT MYERS, FL 33919	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORDON, JIM 1517 SE 16TH PL, UNIT 3 CAPE CORAL FL 33990	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JIM AUBUCHON AUBUCHON HOMES 4724 VINCENT'S BLVD. CAPE CORAL FL 33904	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENKINS, JUDY 2804 DEL PRADO BLVD., #107 CAPE CORAL FL 33904	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANJETTE CARRASQUILLO COASTLAND HOMES, INC 4637 DEL PRADO BLVD. CAPE CORAL, FL 33904	☐ 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, trustee or 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR 1017 (9/99)