

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED
AND
FILED

95 MAR -2 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **761208** (8)
1. Corporation Name
COLLIER BUILDING INDUSTRY ASSOCIATION, INC.

Principal Place of Business Mailing Address
4627 ARNOLD AVE **4627 ARNOLD AVE**
NAPLES FL 33942 **NAPLES FL 33942**
US **US**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/23/1981** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-1284455** 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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
WARD, WHITLEY N.
4627 ARNOLD AVE
NAPLES FL 33942

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	KAYE, STUART 1100 5TH AVE SOUTH NAPLES FL	1.1 TITLE D PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	NELSON, DOUG
STREET ADDRESS		1.3 STREET ADDRESS	2900 14th ST. N. Ste. 10
CITY-ST-ZIP		1.4 CITY-ST-ZIP	NAPLES, FL 33940
TITLE VP	NELSON, DOUG 2900 14TH STREET NORTH NAPLES FL	2.1 TITLE D VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	PEARSON, BOB
STREET ADDRESS		2.3 STREET ADDRESS	4627 ARNOLD AVE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	NAPLES, FL 33942
TITLE VP	MCINTOSH, ROSS 850-5TH AVE. S. NAPLES FL	3.1 TITLE D VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	ROGERS, JILL
STREET ADDRESS		3.3 STREET ADDRESS	400 VINEYARDS BLVD
CITY-ST-ZIP		3.4 CITY-ST-ZIP	NAPLES, FL 33999
TITLE S	ROGERS, JILL 400 VINEYARDS NAPLES FL	4.1 TITLE D SEC.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	ROSS, PHIL
STREET ADDRESS		4.3 STREET ADDRESS	1425 WIGGINS PASS RD.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	NAPLES, FL 33963
TITLE T	PEARSON, BOB 4627 ARNOLD AVE NAPLES FL	5.1 TITLE D TREAS.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	SLAVICH, BILL
STREET ADDRESS		5.3 STREET ADDRESS	800 SEAGATE DR #301
CITY-ST-ZIP		5.4 CITY-ST-ZIP	NAPLES, FL 33940
TITLE V	WARD, WHITLEY N 327 S HORSESHOE DRIVE NAPLES FL 33942	6.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	4627 ARNOLD AVE.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	AS DEPOSITED BY BANK

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 110.07(3)(b), 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: _____ WHITLEY N. WARD
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR