

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 761208 (8)

1. Corporation Name

COLLIER BUILDING INDUSTRY ASSOCIATION, INC.



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

3. Date incorporated or Qualified: **12/23/1981**
 3a. Date of Last Report: **03/21/1995**
 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**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

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 600001888466
 -07/09/96--01125--036**
84 City *70.00** **85 FL** 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	NELSON, DOUG	<input checked="" type="checkbox"/> DELETE
NAME		2900 14TH STREET N SUITE 10	
STREET ADDRESS		NAPLES FL 33940	
CITY-ST-ZIP			
TITLE	D	PEARSON, BOB	<input checked="" type="checkbox"/> DELETE
NAME		4627 ARNOLD AVENUE	
STREET ADDRESS		NAPLES FL 33942	
CITY-ST-ZIP			
TITLE	D	ROGERS, JILL	<input checked="" type="checkbox"/> DELETE
NAME		400 VINEYARDS BLVD.	
STREET ADDRESS		NAPLES FL 33999	
CITY-ST-ZIP			
TITLE	D	ROSS, PHIL	<input checked="" type="checkbox"/> DELETE
NAME		1425 WIGGINS PASS ROAD	
STREET ADDRESS		NAPLES FL 33963	
CITY-ST-ZIP			
TITLE	D	SLAVICH, BILL	<input checked="" type="checkbox"/> DELETE
NAME		800 SEAGATE DRIVE #301	
STREET ADDRESS		NAPLES FL 33940	
CITY-ST-ZIP			
TITLE	D	WARD, WHITLEY N	<input type="checkbox"/> DELETE
NAME		327 S HORSESHOE DRIVE	
STREET ADDRESS		NAPLES FL 33942	
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	PEARSON, BOB	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		4863 GOLDEN GATE PKWY	
1.3 STREET ADDRESS		NAPLES, FL 33999	
1.4 CITY-ST-ZIP			
2.1 TITLE	D	SLAVICH, BILL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		2073 J+C BLVD	
2.3 STREET ADDRESS		NAPLES, FL 33942	
2.4 CITY-ST-ZIP			
3.1 TITLE	D	ROSS, PHIL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		1425 WIGGINS PASS RD.	
3.3 STREET ADDRESS		NAPLES, FL 33963	
3.4 CITY-ST-ZIP			
4.1 TITLE	D	LAWSON, STEVE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		6101 LEE ANN LANE	
4.3 STREET ADDRESS		NAPLES, FL 33942	
4.4 CITY-ST-ZIP			
5.1 TITLE	D	WISEMAN, JOHN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		4227 EXCHANGE AVE	
5.3 STREET ADDRESS		NAPLES, FL 33942	
5.4 CITY-ST-ZIP			
6.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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: _____
 SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: **941-643-1088**

CR2E037 (3/96)

pm 7/19/96