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Feb 04 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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 Mailing Address  
4627 ARNOLD AVE 4627 ARNOLD AVE  
NAPLES FL 33942 NAPLES FL 34104-3331  
US US



3. Date Incorporated or Qualified 12/23/1981  
3a. Date of Last Report 07/09/1996

2. Principal Place of Business 2a. 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

4. FEI Number 59-1284455  
Applied For Not Applicable

5. Certificate of Status Desired [X] \$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 [X] Yes [ ] No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WARD, WHITLEY N.  
4627 ARNOLD AVE  
NAPLES FL 33942

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D [X] DELETE  
NAME PEARSON, BOB  
STREET ADDRESS 4883 GOLDEN GATE PKWY  
CITY-ST-ZIP NAPLES FL 33999

1.1 TITLE D [ ] Change [X] Addition  
1.2 NAME MELSON, RICK  
1.3 STREET ADDRESS 6000 TAYLOR RD #1  
1.4 CITY-ST-ZIP NAPLES, FL 34108

TITLE D [ ] DELETE  
NAME SLAVICH, BILL  
STREET ADDRESS 2073 J & C BLVD.  
CITY-ST-ZIP NAPLES FL 33942

2.1 TITLE D [ ] Change [X] Addition  
2.2 NAME WESTON, DAVE  
2.3 STREET ADDRESS 3106 S. HORSESHOE DR.  
2.4 CITY-ST-ZIP NAPLES, FL 34104

TITLE D [X] DELETE  
NAME ROSS, PHIL  
STREET ADDRESS 1425 WIGGINS PASS RD.  
CITY-ST-ZIP NAPLES FL 33963

3.1 TITLE [ ] Change [ ] Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D [ ] DELETE  
NAME LAWSON, STEVE  
STREET ADDRESS 6101 LEE ANN LANE  
CITY-ST-ZIP NAPLES FL 33942

4.1 TITLE [ ] Change [ ] Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D [ ] DELETE  
NAME WISEMAN, JOHN  
STREET ADDRESS 427 EXCHANGE AVE.  
CITY-ST-ZIP NAPLES FL 33942

5.1 TITLE [ ] Change [ ] Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D [ ] DELETE  
NAME WARD, WHITLEY N  
STREET ADDRESS 327 S HORSESHOE DRIVE  
CITY-ST-ZIP NAPLES FL 33942

6.1 TITLE [ ] Change [ ] 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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] 1-22-97 941-643-1088  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000007

CFR2E037 (9/96)