


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90033 044 ****70.00

DOCUMENT # 761208			
1. Entity Name COLLIER BUILDING INDUSTRY ASSOCIATION, INC.		STATE	
Principal Place of Business 4779 ENTERPRISES AVENUE NAPLES FL 34104 US		Mailing Address 4779 ENTERPRISES AVENUE NAPLES FL 34104 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ELLIS, DAVID 4779 ENTERPRISES AVENUE NAPLES FL 34104		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
		3-29-04	
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LECROY, CHRIS	NAME	AL ZICHELLA
STREET ADDRESS	3640 KENT DR.	STREET ADDRESS	24301 WALDON CENTER DR.
CITY-ST-ZIP	NAPLES FL 34112	CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRAWFORD, WALTER	NAME	PATTY WEDGE-LUDWIG
STREET ADDRESS	24301 WALDEN CTR. DR.	STREET ADDRESS	4089 TAMiami TR. N. #A-203
CITY-ST-ZIP	BONITA SPRINGS FL 34134	CITY-ST-ZIP	NAPLES, FL 34103
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPINELLI, BILL	NAME	
STREET ADDRESS	3927 ARNOLD AVENUE	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34104	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARIAN, WILLIAM	NAME	
STREET ADDRESS	1400 BLUEPOINT AVE, #1022	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34102	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIS, DAVID	NAME	
STREET ADDRESS	2465 TRADE CENTER WAY	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34109	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIBSTRA, TREVOR	NAME	
STREET ADDRESS	4601 ENTERPRISES AVENUE	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34104	CITY-ST-ZIP	

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 or trustee 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

3/29/04

Date

239-436-6100

Daytime Phone #