


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90078 035 ****61.25

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DOCUMENT # 761208					
1. Entity Name COLLIER BUILDING INDUSTRY ASSOCIATION, INC.					
Principal Place of Business 4779 ENTERPRISE AVENUE NAPLES, FL 34104 US		Mailing Address 4779 ENTERPRISE AVENUE NAPLES, FL 34104 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01302007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-1284455	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TALBERT, BRENDA 4779 ENTERPRISES AVENUE NAPLES, FL 34104			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		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 type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ZICHELLA, AL	NAME			
STREET ADDRESS	24301 WALDON CT DR.	STREET ADDRESS			
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HARRISON, MICHELE	NAME			
STREET ADDRESS	4779 ENTERPRISE AVE	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	MADDOX, JEFF	NAME			
STREET ADDRESS	28016 WESTBROOK DRIVE	STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34135	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	VARIAN, WILLIAM	NAME	THOMAS LUKOS		
STREET ADDRESS	1400 BLUEPOINT AVE, #1022	STREET ADDRESS	1989-B TRADE CENTER WAY		
CITY-ST-ZIP	NAPLES, FL 34102	CITY-ST-ZIP	NAPLES, FL 34109		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GARREN, KATHY	NAME			
STREET ADDRESS	5150 TAMiami TRAIL N	STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34103	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TALBERT, BRENDA	NAME			
STREET ADDRESS	4779 ENTERPRISE AVE	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 exemptions contained in Chapter 119, 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: <i>Brenda Talbert</i>			1/30/07 239-436-6100		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		