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May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N18627 (2)

1. Corporation Name
COLLIER COUNTY PLUMBING AND MECHANICAL CONTRACTORS ASSOCIATION, INC.

Principal Place of Business PO BOX 990071 NAPLES FL 34116-0080 US	Mailing Address PO BOX 990071 NAPLES FL 33999-3060
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3. Date Incorporated or Qualified 01/06/1987		
4. FEI Number 65-0161167	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**CLAVEL, VICKI A.
 3610 21ST AVE., SOUTHWEST
 NAPLES FL 33964**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL 34117

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V MELONEY, R. DAVID 1916 40TH TERRACE, SW NAPLES FL	1.1 TITLE	D 2415 Avondale Street naples, FL 34112
NAME	<input type="checkbox"/> DELETE	1.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	P BROUGHTON, JOSEPH PO BOX 1325 BONITA SPRINGS FL	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Bonita Springs, FL 34133
TITLE	ST ANDERMAN, DANIEL 1900 TRADE CENTER WAY NAPLES FL	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	Naples, FL 34109
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D BIERLEY, JAMES 4303-A EXCHANGE AVE NAPLES FL	4.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<input checked="" type="checkbox"/> DELETE	4.2 NAME	GAINES, DAVID
STREET ADDRESS		4.3 STREET ADDRESS	151 Forestwood Drive
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Naples, FL 34110
TITLE	D DIDONATO, EDWARD 4174 3RD AVENUE, NW NAPLES FL	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<input checked="" type="checkbox"/> DELETE	5.2 NAME	GOODENOUGH, DAVID
STREET ADDRESS		5.3 STREET ADDRESS	4069 Bayshore Drive
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Naples, FL 34112
TITLE	D PEROSI, VICTOR 1910 PRINCESS COURT NAPLES FL	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Naples, FL 34110

14. 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 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: *Joseph E. Didonato* 4-21-98 (941) 455-6686 (941) 992-0303

CR2E037 (10/97)