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**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90046 015 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N18627**

1. Corporation Name

**COLLIER COUNTY PLUMBING AND MECHANICAL CONTRACTORS ASSOCIATION, INC.**

Principal Place of Business

PO BOX 990071  
 NAPLES FL 34116-6060  
 US

Mailing Address

PO BOX 990071  
 NAPLES FL 34116  
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/06/1987	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0161167	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

CLAVELLO, VICKI A  
 3610 21ST AVE. SOUTHWEST  
 NAPLES FL 34117

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

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELONEY, R. DAVID	1.2 NAME	
STREET ADDRESS	2415 AVONDALE ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34112	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROUGHTON, JOSEPH	2.2 NAME	
STREET ADDRESS	PO BOX 1325	2.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPGS FL 34133	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERMAN, DANIEL	3.2 NAME	
STREET ADDRESS	1900 TRADE CENTER WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34109	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAINES, DAVID	4.2 NAME	
STREET ADDRESS	151 FORESTWOOD DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34110	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODENOUGH, DAVID	5.2 NAME	
STREET ADDRESS	4069 BAYSHORE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34112	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEROSI, VICTOR	6.2 NAME	
STREET ADDRESS	1910 PRINCESS COURT	6.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34110	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Vicki Clavello* 4/21/99 941-353-7883  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0064533

CR2E037-(11/98)