2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#761208

FILED Mar 12, 2008 Secretary of State

Entity Name: COLLIER BUILDING INDUSTRY ASSOCIATION, INC.

	rincipal Place of Business:	New Princ	ipal Place of Business:
	ERPRISE AVENUE FL 34104 US		
urrent N	lailing Address:	New Maili	ng Address:
	ERPRISE AVENUE FL 34104 US		
El Number	: 59-1284455 FEI Number Applied For ()	FEI Number Not Appl	icable () Certificate of Status Desired ()
lame and	Address of Current Registered Agent:	Name and	Address of New Registered Agent:
779 ENT	, BRENDA ERPRISES AVENUE FL 34104 US		
	named entity submits this statement for the $\mbox{\sc p}$ e of Florida.	ourpose of changing i	s registered office or registered agent, or both,
SIGNATU			
	Electronic Signature of Registered Age	ent	Date
FFICER	S AND DIRECTORS:	ADDITION	S/CHANGES TO OFFICERS AND DIRECTOR
itle: lame: ddress: ity-St-Zip:	D () Delete ZICHELLA, AL 24301 WALDON CT DR. BONITA SPRINGS, FL 34134	Title: Name: Address: City-St-Zip:	D (X) Change () Addition DAVID, ALDRICH 2403 TRADE CENTER WAY #6 NAPLES, FL 34109 20
itle:	D () Delete		
lame: ddress: city-St-Zip:	HARRISON, MICHELE 4779 ENTERPRISE AVE NAPLES, FL 34104	Title: Name: Address: City-St-Zip:	()Change ()Addition
ame: ddress: ity-St-Zip: itle: ame: ddress:	HARRISON, MICHELE 4779 ENTERPRISE AVE	Name: Address:	()Change()Addition ()Change()Addition
ame: ddress:	HARRISON, MICHELE 4779 ENTERPRISE AVE NAPLES, FL 34104 D () Delete MADDOX, JEFF 28016 WESTBROOK DRIVE	Name: Address: City-St-Zip: Title: Name: Address:	
ame: ddress: ity-St-Zip: itle: ame: ddress: ity-St-Zip: itle: ame: ddress:	HARRISON, MICHELE 4779 ENTERPRISE AVE NAPLES, FL 34104 D () Delete MADDOX, JEFF 28016 WESTBROOK DRIVE NAPLES, FL 34135 D () Delete LYKOS, THOMAS 1989-B TRADE CENTER WAY	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	()Change()Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRENDA TALBERT MS. 03/12/2008