

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

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

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

01/06/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

65-0161167

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 ☐ DELETE

NAME
D
MELONEY, R. DAVID
STREET ADDRESS
2415 AVONDALE ST
CITY-ST-ZIP
NAPLES FL 34112

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
P
BROUGHTON, JOSEPH
STREET ADDRESS
PO BOX 1325
CITY-ST-ZIP
BONITA SPGS FL 34133

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
ST
ANDERMAN, DANIEL
STREET ADDRESS
1900 TRADE CENTER WAY
CITY-ST-ZIP
NAPLES FL 34109

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
VP
GAINES, DAVID
STREET ADDRESS
151 FORESTWOOD DR
CITY-ST-ZIP
NAPLES FL 34110

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
D
GOODENOUGH, DAVID
STREET ADDRESS
4069 BAYSHORE DR
CITY-ST-ZIP
NAPLES FL 34112

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
D
PEROSI, VICTOR
STREET ADDRESS
1910 PRINCESS COURT
CITY-ST-ZIP
NAPLES FL 34110

6.1 TITLE ☐ Change ☐ Addition

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 A. Clavelo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/99 941-353-7883

CR2E037 (11/98)