

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004219 (0)

1. Corporation Name

COLLIER COUNTY PROFESSIONAL JEWELERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

606 BALD EAGLE DRIVE, SUITE 500
C/O WOODWARD, PIRES, ANDERSON & LOMBARDO
MARCO ISLAND FL 33937

606 BALD EAGLE DRIVE, SUITE 500
C/O WOODWARD, PIRES, ANDERSON & LOMBARDO
MARCO ISLAND FL 33937



3. Date Incorporated or Qualified

08/31/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOODWARD, CRAIG R ESQUIRE
606 BALD EAGLE DRIVE, SUITE 500
C/O WOODWARD, PIRES, ANDERSON & LOMBARDO
MARCO ISLAND FL 33937

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
NICHOLLS, BARRY
5455 AIRPORT ROAD NORTH
NAPLES FL 33942

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

DP SEC
Nicholls, Barry
5455 Airport Road (North)
Naples, FL 33942

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
ARAGON, JOSE
395 13TH AVENUE SOUTH
NAPLES FL 33940

☒ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TREA Director
STAN RISMAN
660 9TH ST N SUITE 33
NAPLES, FL 33940

☒ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
CARLSON, CINDY
322 13TH AVENUE SOUTH
NAPLES FL 33940

☒ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

DAVE SHOPE (V.P. Director)
8921 TAMiami TR N
NAPLES, FL 33963

☒ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
LANG, HAROLD
1211 THIRD STREET SOUTH
NAPLES FL 33940

☒ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)