

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000004813 1. Entity Name NAPLES CENTRE UTILITY ASSOCIATION, INC.	
---	---

Principal Place of Business 800 SEAGATE DRIVE SUITE #302 NAPLES, FL 34103	Mailing Address 800 SEAGATE DRIVE SUITE #302 NAPLES, FL 34103
--	--

DO NOT WRITE IN THIS SPACE



04072006 No Chg-NP CR2E037 (11/05)

4. FEI Number 16-1687079	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANDREW SERVICE CORPORATION OF FLORIDA
201 N. FRANKLIN STREET
SUITE 2100
TAMPA, FL 33602

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

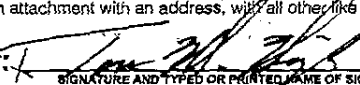
Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HIGH, TOM 800 SEAGATE DRIVE SUITE 302 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD JONES, DAVID F 46000 MANEKIN PLAZA STERLING, VA 20166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, COMER 18860 PARKINSON RD. ALVA, FL 33920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EDGAR, KATHY 800 SEAGATE DRIVE, SUITE 302 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000501024
04725/06-80045-007 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **4-7-06** **239-261-2995**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #