

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 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



03272007 No Chg-NP

CR2E037 (4/06)

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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IN THIS SPACE**

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:

Tom M. High Tom M. High

4-23-07

239-261-2995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #