2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000004813

1. Entity Name
NAPLES CENTRE UTILITY ASSOCIATION, INC.

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

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01262008 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

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

Filing Fee is $61.25
Due by May 1, 2008

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	48000 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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05/14/08-80025-022 61.25

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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 4-21-08 239-261-2995
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OFFICER OR DIRECTOR — Date — Daytime Phone #