

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004813

FILED  
Jan 13, 2009  
Secretary of State

**Entity Name:** NAPLES CENTRE UTILITY ASSOCIATION, INC.

**Current Principal Place of Business:**

800 SEAGATE DRIVE  
SUITE #302  
NAPLES, FL 34103

**New Principal Place of Business:**

**Current Mailing Address:**

800 SEAGATE DRIVE  
SUITE #302  
NAPLES, FL 34103

**New Mailing Address:**

**FEI Number:** 16-1687079

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

CORPORATE SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

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.

SIGNATURE: SUE G. KNIGHT

01/13/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HIGH, TOM  
Address: 800 SEAGATE DRIVE SUITE 302  
City-St-Zip: NAPLES, FL 34103

Title: VTD ( ) Delete  
Name: JONES, DAVID F  
Address: 46000 MANEKIN PLAZA  
City-St-Zip: STERLING, VA 20166

Title: D ( ) Delete  
Name: TAYLOR, COMER  
Address: 18860 PARKINSON RD.  
City-St-Zip: ALVA, FL 33920

Title: S ( ) Delete  
Name: EDGAR, KATHY  
Address: 800 SEAGATE DRIVE, SUITE 302  
City-St-Zip: NAPLES, FL 34103

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM HIGH

PRES

01/13/2009

Electronic Signature of Signing Officer or Director

Date