

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004813

FILED  
Apr 13, 2010  
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:**

HIGH, TOM  
800 SEAGATE DR STE 302  
NAPLES, FL 34103 US

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

ARONOFF, JANET  
626 GULF SHORE BLVD S  
NAPLES, FL 34102 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: JANET ARONOFF

04/13/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: TOM HIGH

D

04/13/2010

Electronic Signature of Signing Officer or Director

Date