

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000000466

**FILED**  
**Mar 22, 2023**  
**Secretary of State**  
**5069720151CC**

**Entity Name:** SOUTHWEST FLORIDA UTILITY CONTRACTORS ASSOCIATION, INC.

**Current Principal Place of Business:**

P. O. BOX 62207  
FORT MYERS, FL 33906-2207

**Current Mailing Address:**

P. O. BOX 62207  
FORT MYERS, FL 33906-2207 US

**FEI Number: 65-0515643**

**Certificate of Status Desired: No**

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

CASON, RHONDA  
2915 S. E. 5TH COURT  
CAPE CORAL, FL 33904 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: RHONDA CASON**

**03/22/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           GIBSON, DUSTIN  
Address        4600 CUMMINS COURT  
                  #1  
City-State-Zip: FORT MYERS FL 33905

Title           SECRETARY  
Name           STEWART, CHRIS  
Address        5771 COUNTRY LAKES DRIVE  
City-State-Zip: FORT MYERS FL 33905

Title           TREASURER  
Name           HAAS, JERRY  
Address        6515 PLANTATION PINES  
                  BOULEVARD  
City-State-Zip: FORT MYERS FL 33966

Title           OFFICER  
Name           RICCIARDI, CHERYL  
Address        2511 PALM AVENUE  
City-State-Zip: FORT MYERS FL 33916

Title           EXECUTIVE DIRECTOR  
Name           CASON, RHONDA  
Address        P. O. BOX 62207  
City-State-Zip: FORT MYERS FL 33906-2207

Title           OFFICER  
Name           HOPKINS, NATHAN  
Address        600 DANLEY DRIVE, SUITE #1  
City-State-Zip: FORT MYERS FL 33907

Title           OFFICER  
Name           PENNER, MITCHELL  
Address        6001 SHIRLEY STREET  
City-State-Zip: NAPLES FL 34109

*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: RHONDA CASON**

**EXECUTIVE DIRECTOR**

**03/22/2023**

Electronic Signature of Signing Officer/Director Detail

Date