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Mailing Address

NONPROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Rusiness



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9300005148 (2)

TIMBERRIDGE WATER AND SEWER, INC.

11 NW 3RD ST. Cala fl 34475-864 S

FILED Apr 03 1997 8:00am Secretary of State



	•	US						
		00			 Date Incorporated or Qualified 11/09/1993 	3a. Da	te of Last Re 05/01/19	eport 96
2. Principal Place of Business 2a. Mailing A					4. FEI Number		Ap	plied For
21 26					59-3250919		No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	(X)	\$8.75 A	
27				<u> </u>	5, Commode of Status Degree		Fee Re	quired
City & State	;	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28	,		Trust Fund Contribution		Added to	o Fees
Zip	Country	Zıp	Cou	ntry	8. This corporation has liability for i	ntangible	tax under s.	199.032,
24	25	29	30			Yes 🏻		
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Re	gistered /	Agent	
				81 Name				
SIMONS, GARY C				82 Street Add	iress (P.O. Box Number is Not Acceptab	ile)		
121 NW THIRD STREET				OII OII AGG	mos (1.0. box Hombol is Hot noouplad	10)		
	FL 34475			83				
				54 60			1451 35.7	<u> </u>
I				84 City		FI	85 Zip (Jode
11. Pursuant t	o the provisions of Sections 617.0	502 and 617 1508. Florida Statu	tes the at	pove-named cor	poration submits this statement for the p	urpose o	changing it	s registered
office or re	egistered agent, or both, in the Sta	ite of Florida. Such change was	authorize	d by the corpore	ition's board of directors. I hereby accep	of the app	ointment as	registered
agent. Lar	m familiar with, and accept the obl	ligations of, Section 617.0503, Fi	lorida Stat	utes.				
SIGNATURE _	Signature, typed or printed name of registered i	agest and tells if applicable	TE Beginsen	d Agent signature requ	ined when reinstation	DATE		
12.		AND DIRECTORS	13.	Agent signature requ	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	S IN 12
TITLE	D	DELETE	1.1 TI	n F	1,001,000,000,000		Change	Addition
NAME	EHLERS, HENRY A.		1.2 N				,	Call 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
I	2403 SE 17TH STREET							
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP	OCALA FL	DELETE		TY-ST-ZIP			Change	Addition
1/fLE	SD ANOLIAEL D. LIILL	C OFFER	2.1 TI	l			L.J Change	[] AUGINION
NAME	MICHAEL P. HILL		2.2 №	-				
STREET ADDRESS	2020 SE 17 STREET		2.3 S	TREET ADDRESS				
CITY-ST-ZIP	OCALA FL			ITY - ST - ZIP				- policy
TITLE	DP	☐ DELETE	3.1 10	TLE			Change	Addition
NAME	HAND, CHARLES W.		3.2 N	NNE				
STREET ADDRESS	131 SW 15TH STREET		3.3 S	TREET ADDRESS				
CITY-ST-ZIP	OCALA FL		3.4. 0	ITY-ST-ZIP				
TITLE	TD	☐ DELETE	4.1 1	TLE			Change	Addition
NAME	RICHARD D. MUTARELLI		4.2 N	IAME				
STREET ADDRESS	131 SW 15 STREET		4.3 S	TREET ADDRESS				
CITY-\$1-ZIP	OCALA FL			TY-ST-ZIP				
TITLE	D	DELETE	51 TI				☐ Change	Addition
NAME	WINSTON A. PORTER		5.2 N				_ •	
l ''' '' i	4330 GEORGETOWN SQUA	ADE II		FREET ADDRESS				
STREET ADDRESS	ATLANTA GA	TN No. 11		· · · · · · · · · · · · · · · · · · ·				
CITY - S1 - ZIP	AILANIA GA	DELETE		TY-ST-ZIP			Change	Addition
TITLE		☐ perete	6.1 TI					L. AUGINON
NAME			6.2 N	ı				
STREET ADDRESS			6.3 S	TREET ADDRESS				
CITY - ST - 2IP			6.4 0	ITY-ST-ZIP				·
I delle benedent	a a st f shart shar indoors at a a a	the all with their fillians along and access	1.6 . 6 Alex		d in Caption 110 07/2\/i\ Clarida Statuta	a filled	- martification	iha

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if example or on an attachment with an address.

SIGNATURE

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