

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005148

FILED  
Mar 02, 2007  
Secretary of State

**Entity Name:** TIMBERRIDGE WATER AND SEWER, INC.

**Current Principal Place of Business:**

1500 SW 1ST AVENUE  
OCALA, FL 34474

**New Principal Place of Business:**

1500 SW 1ST AVENUE  
OCALA, FL 34474

**Current Mailing Address:**

121 NW 3RD ST.  
OCALA, FL 34475 US

**New Mailing Address:**

P.O. BOX 6000  
OCALA, FL 34478 US

**FEI Number:** 59-3250919

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SIMONS, GARY C  
121 NW THIRD STREET  
OCALA, FL 34475 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: EHLERS, HENRY A  
Address: 2403 SE 17TH STREET  
City-St-Zip: OCALA, FL 34474 US

Title: SD ( ) Delete  
Name: HILL, MICHAEL P  
Address: 2020 SE 17 STREET  
City-St-Zip: OCALA, FL 34474 US

Title: DP ( ) Delete  
Name: HAND, CHARLES W  
Address: 1500 SW 1ST AVENUE  
City-St-Zip: OCALA, FL 34474 US

Title: TD ( ) Delete  
Name: MUTARELLI, RICHARD D  
Address: 1500 SW 1ST AVENUE  
City-St-Zip: OCALA, FL 34474

Title: D ( ) Delete  
Name: PORTER, WINSTON A  
Address: 220 GRAPEVINE RUN  
City-St-Zip: ATLANTA, GA 30350

Title: D ( ) Delete  
Name: DUGGAN, MALCOM A JR  
Address: 334 NW 3RD AVE  
City-St-Zip: OCALA, FL 34475

**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:

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 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: RICHARD D. MUTARELLI

EVP

03/02/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date