## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000005148

FILED Jan 14, 2008 Secretary of State

Entity Name: TIMBERRIDGE WATER AND SEWER, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1500 SW 1ST AVENUE OCALA, FL 34474 **Current Mailing Address: 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: Name and Address of New Registered Agent: SIMONS, GARY C MUTARELLI, RICHARD D 121 NW THIRD STREET 1500 SW 1ST AVENUE OCALA, FL 34471 OCALA, FL 34475 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: RICHARD D MUTARELLI 01/14/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete EHLERS, HENRY A Name: Name: 2403 SE 17TH STREET Address: Address: City-St-Zip: OCALA, FL 34474 US City-St-Zip: Title: SD ( ) Delete Title: () Change () Addition HILL, MICHAEL P Name: Name: Address: 2020 SE 17 STREET Address: City-St-Zip: OCALA, FL 34474 US City-St-Zip: Title: DP () Delete Title: () Change () Addition HAND, CHARLES W Name: Name: 1500 SW 1ST AVENUE Address: Address: City-St-Zip: OCALA, FL 34474 US City-St-Zip: Title: TD ( ) Delete Title: () Change () Addition Name: MUTARELLI, RICHARD D Name: Address: 1500 SW 1ST AVENUE Address: City-St-Zip: OCALA, FL 34474 City-St-Zip: Title: () Delete Title: () Change () Addition PORTER, WINSTON A Name: Name: 220 GRAPEVINE RUN Address: Address: City-St-Zip: ATLANTA, GA 30350 City-St-Zip: Title: () Delete Title: () Change () Addition DUGGAN, MALCOM A JR Name: Name: Address: 334 NW 3RD AVE Address: OCALA, FL 34475 City-St-Zip: 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: RICHARD D. MUTARELLI **EVP** 01/14/2008 Date