

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005148

FILED
Jan 26, 2009
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:

Current Mailing Address:

P.O. BOX 6000
OCALA, FL 34478 US

New Mailing Address:

FEI Number: 59-3250919

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MUTARELLI, RICHARD D
1500 SW 1ST AVENUE
OCALA, FL 34471 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 (X) 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
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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 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

01/26/2009

Electronic Signature of Signing Officer or Director

Date