

**2000 UNIFORM BUSINESS REPORT (UBR)**

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**FILED**  
**Jul 13, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90031 050 \*\*\*61.25

**DOCUMENT # N05008**

1. Entity Name  
**WINDSTREAM COMMUNITY ASSOCIATION, INC.** *R*

Principal Place of Business      Mailing Address  
 P. O. BOX 5091      P. O. BOX 5091  
 OCALA FL 34478      OCALA FL 34478-5091

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State

4. FEI Number      Applied For  
**59-2681736**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
~~NANCY BIEREMA~~  
 220 S.E. 34TH PLACE  
 OCALA FL 34471

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

8. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**      9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees      **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WEEKS, BONNIE	
STREET ADDRESS	3345 SE 1ST AVE	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ANAHORY, SUSAN	
STREET ADDRESS	215 S.E. 34TH PL.	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BIEREMA, NANCY C	
STREET ADDRESS	220 SE 34TH PL.	
CITY-ST-ZIP	OCALA FL 34471	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	John A. Miller - TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John A. Miller	
STREET ADDRESS	235 S.E. 34th Pl	
CITY-ST-ZIP	OCALA, FL. 34471	D
TITLE	ANAHORY, SUSAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANAHORY, SUSAN	
STREET ADDRESS	215 S.E. 34th Pl	
CITY-ST-ZIP	OCALA FL.	D
TITLE	NANCY C. Bierema	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NANCY C. Bierema	
STREET ADDRESS	220 S.E. 34th Pl	D
CITY-ST-ZIP	OCALA FL. 34471	Director
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*      **SIGNATURE REQUIRED**      4-117-00      Date      Daytime Phone #

CR2E037 (9/99)