

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 02, 2005 8:00 am**  
**Secretary of State**

03-02-2005 90083 011 \*\*\*\*61.50

**DOCUMENT # N05008**  
 1. Entity Name  
**WINDSTREAM COMMUNITY ASSOCIATION, INC.**



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

**50021540**



1st MOORE CR2E037 (10/04)

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

City & State City & State

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

Zip Country Zip Country

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

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... **John A. Miller**  
 Street Address (P.O. Box Number is Not Acceptable)  
**235 S.E. 34th Pl**  
**Ocala, FL 34471**  
 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. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE *[Signature]* **John A. Miller - 2-22-05**  
 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	MILLER, JOHN A	
STREET ADDRESS	235 SE 35TH PLACE	
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 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	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donna Zouaski	
STREET ADDRESS	3430 S.E. 2nd court	
CITY-ST-ZIP	Ocala, FL 34471	
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]* **2/22/05**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #