## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05008

FILED Apr 13, 2007 Secretary of State

Entity Name: WINDSTREAM COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

P. O. BOX 5091 OCALA, FL 34478

Current Mailing Address: New Mailing Address:

P. O. BOX 5091 OCALA, FL 34478

FEI Number: 59-2681736 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

 MILLER, JOHN A
 BIEREMA, NANCY C

 235 SE 34TH PL
 220 SE 34TH PL

 OCALA, FL 34471
 US

 OCALA, FL 34471
 US

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: NANCY C. BIEREMA 04/13/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD ( ) Delete Title: PD (X) Change ( ) Addition Name: MILLER, JOHN A Name: GARCIA, MELISSA

 Address:
 235 SE 35TH PLACE
 Address:
 3360 SE 2ND COURT

 City-St-Zip:
 OCALA, FL 34471
 City-St-Zip:
 OCALA, FL 34471

Title: D ( ) Delete Title: TD (X) Change ( ) Addition Name: ZOVASKI, DONNA Name: BIEREMA, NANCY C

 Name:
 ZOVASKI, DONNA
 Name:
 BIEREMA, NANCY C

 Address:
 3430 SE 2ND COURT
 Address:
 220 SE 34TH PLACE

 City-St-Zip:
 OCALA, FL 34471
 City-St-Zip:
 OCALA, FL 34471

Title: TD () Delete Title: D (X) Change () Addition Name: BIEREMA, NANCY C Name: WEEKES, BONNIE

 Address:
 220 SE 34TH PL.
 Address:
 3345 SE 1ST AVENUE

 City-St-Zip:
 OCALA, FL 34471
 City-St-Zip:
 OCALA, FL 34471

Title: ( ) Delete Title: D ( ) Change (X) Addition

 Name:
 Name:
 JOHN, MILLER

 Address:
 Address:
 235 SE 34TH PLACE

 City-St-Zip:
 City-St-Zip:
 OCALA, FL 34471

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: NANCY C. BIEREMA TD 04/13/2007