

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05008

FILED
Mar 20, 2008
Secretary of State

Entity Name: WINDSTREAM COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

P. O. BOX 5091
OCALA, FL 34478

New Principal Place of Business:

220 SE 34TH PLACE
OCALA, FL 34478

Current Mailing Address:

P. O. BOX 5091
OCALA, FL 34478

New Mailing Address:

FEI Number: 59-2681736

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BIEREMA, NANCY C
220 SE 34TH PL
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: PD () Delete
Name: GARCIA, MELISSA
Address: 3360 SE 2ND COURT
City-St-Zip: Ocala, FL 34471

Title: TD () Delete
Name: BIEREMA, NANCY C
Address: 220 SE 34TH PLACE
City-St-Zip: Ocala, FL 34471

Title: D () Delete
Name: WEEKES, BONNIE
Address: 3345 SE 1ST AVENUE
City-St-Zip: Ocala, FL 34471

Title: D () Delete
Name: JOHN, MILLER
Address: 235 SE 34TH PLACE
City-St-Zip: Ocala, FL 34471

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: D (X) Change () Addition
Name: WALLACE, LEON
Address: 155 SE 34TH STREET
City-St-Zip: Ocala, FL 34471

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: NANCY C. BIEREMA

TD

03/20/2008

Electronic Signature of Signing Officer or Director

_____ Date