

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05008

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: WINDSTREAM COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

220 SE 34TH PLACE  
OCALA, FL 34478

**New Principal Place of Business:**

3360 SE 2ND CT  
OCALA, FL 34471

**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:**

GARCIA, MELISSA J  
3360 SE 2ND CT  
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: MELISSA GARCIA

03/24/2009

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: TD (X) Change ( ) Addition  
Name: GARCIA, MELISSA J  
Address: 3360 SE 2ND CT  
City-St-Zip: Ocala, FL 34471

Title: D (X) Change ( ) Addition  
Name: BIEREMA, NANCY  
Address: 220 SE 34TH PLACE  
City-St-Zip: Ocala, FL 34471

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: MELISSA GARCIA

T

03/24/2009

Electronic Signature of Signing Officer or Director

Date