## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05008

Apr 23, 2010 Secretary of State

Entity Name: WINDSTREAM COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:** 

**New Principal Place of Business:** 

3360 SE 2ND CT OCALA, FL 34471

**Current Mailing Address:** 

**New Mailing Address:** 

P. O. BOX 5091 OCALA, FL 34478 C/O AUTUMN PROPERTIES LLC 2143 E FORT KING STREET, STE 102

OCALA, FL 34471

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:

GARCIA, MELISSA J 3360 SE 2ND CT OCALA, FL 34471 US AUTUMN PROPERTIES LLC 2143 E FORT KING STREET 102

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: MICHAEL WILKINSON

04/23/2010

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

WALLACE, LEON Name: Address: 155 SE 34TH STREET City-St-Zip: OCALA, FL 34471

Title:

Name: GARCIA, MELISSA J Address: 3360 SE 2ND CT City-St-Zip: OCALA, FL 34471

Title: SD

BIEREMA, NANCY Name: Address: 220 SE 34TH PLACE City-St-Zip: OCALA, FL 34471

Title:

Name: DAWSON, GREGORY 3375 SE 1ST AVENUE Address: City-St-Zip: OCALA, FL 34471

VPD Title:

DOFING, JEFF Name: 3345 SE 1ST AVENUE Address: City-St-Zip: OCALA, FL 34471

I hereby 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 all other like empowered.

SIGNATURE: LEON WALLACE Ρ 04/23/2010