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: New Principal Place of Business:

220 SE 34TH PLACE 3360 SE 2ND CT OCALA, FL 34478 OCALA, FL 34471

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:

BIEREMA, NANCY C GARCIA, MELISSA J 220 SE 34TH PL 3360 SE 2ND CT 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: MELISSA GARCIA 03/24/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: GARCIA, MELISSA Name: WALLACE, LEON

 Address:
 3360 SE 2ND COURT
 Address:
 155 SE 34TH STREET

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

Title: TD () Delete Title: TD (X) Change () Addition Name: BIEREMA, NANCY C Name: GARCIA, MELISSA J

 Name
 BiEREWIA, INANCE C
 Name
 GARCIA, MELISSA

 Address:
 220 SE 34TH PLACE
 Address:
 3360 SE 2ND CT

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

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

 Name:
 WEEKES, BONNIE
 Name:
 BIEREMA, NANCY

 Address:
 3345 SE 1ST AVENUE
 Address:
 220 SE 34TH PLACE

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

Title: D (X) Delete Title: () Change () Addition Name: WALLACE, LEON Name:

 WALLACE, LEON
 Name:

 155 SE 34TH STREET
 Address:

 OCALA, FL 34471
 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