

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05008

**FILED
Apr 22, 2019
Secretary of State
7394928160CC**

Entity Name: WINDSTREAM COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

6027 SW 54TH STREET
SUITE 201
OCALA, FL 34474

Current Mailing Address:

C/O AUTUMN MANAGMENT LLC
P.O. BOX 3644
OCALA, FL 34478 US

FEI Number: 59-2681736

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AUTUMN MANAGMENT LLC
C/O AUTUMN MANAGMENT LLC
P.O. BOX 3644
OCALA, FL 34478 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: ANN CHAFFIN

04/22/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name WALLACE, LEON
Address C/O AUTUMN MANAGMENT LLC
 P.O. BOX 3644
City-State-Zip: Ocala FL 34478

Title PRESIDENT
Name DELK, BRANDON
Address C/O AUTUMN MANAGMENT LLC
 P.O. BOX 3644
City-State-Zip: Ocala FL 34478

Title VP
Name DOFING, JEFF
Address C/O AUTUMN MANAGMENT LLC
 P.O. BOX 3644
City-State-Zip: Ocala FL 34478

Title SECRETARY
Name PORTER, SUSAN
Address C/O AUTUMN MANAGMENT LLC
 P.O. BOX 3644
City-State-Zip: Ocala FL 34478

Title DIRECTOR
Name ATKINSON, JOHN
Address C/O AUTUMN MANAGMENT LLC
 P.O. BOX 3644
City-State-Zip: Ocala FL 34478

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: BRANDON DELK

PRESIDENT

04/22/2019

Electronic Signature of Signing Officer/Director Detail

Date