

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05008

**Entity Name:** WINDSTREAM COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

3360 SE 2ND CT  
OCALA, FL 34471

**FILED**  
**Apr 28, 2014**  
**Secretary of State**  
**CC4053232692**

**Current Mailing Address:**

C/O AUTUMN PROPERTIES LLC  
1701 NE 42ND AVE SUITE 302  
OCALA, FL 34470 US

**FEI Number: 59-2681736**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

AUTUMN PROPERTIES LLC  
1701 NE 42ND AVE  
SUITE 302  
OCALA, FL 34470 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VP  
Name WALLACE, LEON  
Address C/O AUTUMN PROPERTIES LLC  
1701 NE 42ND AVE SUITE 302  
City-State-Zip: Ocala FL 34470

Title D S  
Name BIEREMA, NANCY J  
Address C/O AUTUMN PROPERTIES LLC  
1701 NE 42ND AVE SUITE 302  
City-State-Zip: Ocala FL 34470

Title DIRECTOR  
Name DOFING, JEFF  
Address C/O AUTUMN PROPERTIES LLC  
1701 NE 42ND AVE SUITE 302  
City-State-Zip: Ocala FL 34470

Title PRESIDENT  
Name PORTER, SUSAN  
Address C/O AUTUMN PROPERTIES LLC  
1701 NE 42ND AVE SUITE 302  
City-State-Zip: Ocala FL 34470

*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: SUSAN PORTER**

**PRESIDENT**

**04/28/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date