

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05008

**FILED
Apr 21, 2016
Secretary of State
CC7690342901**

Entity Name: WINDSTREAM COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

1396 NE 20TH AVENUE
SUITE 300
OCALA, FL 34470

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

04/21/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

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

Title D
Name BARTLEY, KEVIN
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: SUSAN PORTER

PRESIDENT

04/21/2016

Electronic Signature of Signing Officer/Director Detail

Date