

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05008

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

**Current Principal Place of Business:**

2621 SE 45TH STREET  
OCALA, FL 34480

**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

04/30/2021

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

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

Title TREASURER  
Name RYAN, KELLY  
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

04/30/2021

Electronic Signature of Signing Officer/Director Detail

Date