

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06949

**Entity Name:** WINGED FOOT COTTAGE OWNERS ASSOCIATION, INC.

**FILED**  
**Apr 18, 2018**  
**Secretary of State**  
**CC9970066512**

**Current Principal Place of Business:**

1111 SE FEDERAL HWY  
SUITE 100  
STUART, FL 34994

**Current Mailing Address:**

1111 SE FEDERAL HWY  
SUITE 100  
STUART, FL 34994

**FEI Number: 59-2481859**

**Certificate of Status Desired: No**

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

ADVANTAGE PROPERTY MANAGEMENT  
1111 SE FEDERAL HWY  
SUITE 100  
STUART, FL 34994 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	SD	Title	PD
Name	MCTAMMANY, JOYCE	Name	DUANE, LAWRENCE
Address	1111 SE FEDERAL HWY SUITE 100	Address	1111 SE FEDERAL HWY SUITE 100
City-State-Zip:	STUART FL 34994	City-State-Zip:	STUART FL 34994
Title	TD	Title	VPD
Name	RACEVICIUS, MARIE	Name	CORONITI, RICARDO
Address	1111 SE FEDERAL HWY SUITE 100	Address	1111 SE FEDERAL HWY SUITE 100
City-State-Zip:	STUART FL 34994	City-State-Zip:	STUART FL 34994
Title	D		
Name	FLANAGAN, JACK		
Address	1111 SE FEDERAL HWY SUITE 100		
City-State-Zip:	STUART FL 34994		

*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: LAWRENCE DUANE**

**PRESIDENT**

**04/18/2018**

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

Date