

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06949

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

**FILED**  
**Apr 14, 2016**  
**Secretary of State**  
**CC0907756105**

**Current Principal Place of Business:**

1111 SE FEDERAL HWY  
SUITE 100  
STUART, FL 34994

**Current Mailing Address:**

1111SE 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  
Name BENDER, BERNADETTE  
Address 1111 SE FEDERAL HWY  
SUITE 100  
City-State-Zip: STUART FL 34994

Title PD  
Name DUANE, LAWRENCE  
Address 1111 SE FEDERAL HWY  
SUITE 100  
City-State-Zip: STUART FL 34994

Title TD  
Name CORSIG, DONALD  
Address 1111 SE FEDERAL HWY  
SUITE 100  
City-State-Zip: STUART FL 34994

Title D  
Name CONNOLLY, LORRAINE  
Address 1111 SE FEDERAL HWY  
SUITE 100  
City-State-Zip: STUART FL 34994

Title VPD  
Name CORONITI, RICARDO  
Address 1111 SE FEDERAL HWY  
SUITE 100  
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**

**04/14/2016**

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

\_\_\_\_\_  
Date