2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State
03-23-2007 90008 049 ****61.25

DOCUMENT # N06000003612

1. Entity Name
CORA-WIN COVE, INC.

Principal Place of Business	Mailing Address
5400 S.E. JACK AVENUE STUART, FL 34997	5400 S.E. JACK AVENUE STUART, FL 34997

02282007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. #K-8
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-4598860 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GORDON, SCOTT E 240 S PINEAPPLE AVENUE SARASOTA, FL 34236	Name Bruce Jenks Street Address (P.O. Box Number is Not Acceptable) 5400 SE Jack Ave #K-8 City Stuart FL Zip Code 34997

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE x Bruce Jenks Bruce Jenks March 12, 2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary/D PIKE, DIANE 5400 SE JACK AVENUE, #N12 STUART, FL 34997	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMALL, CATHY 5400 SE JACK AVENUE, #M9 STUART, FL 34997	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WOOD, KAREN 5400 SE Jack Ave # M-17 Stuart FL 34997 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres./D JENKS, BRUCE 5400 SE JACK AVENUE, #K13 STUART, FL 34997	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHAPPELL, ROBERT 5400 SE Jack Ave #L-20 Stuart FL 34997 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KINNEY, GERI 5400 SE JACK AVENUE, #K16 STUART, FL 34997	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KINNEY, CALVIN 5400 SE Jack Ave. #K-16 Stuart FL 34997 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SINGLETON, LILLIAN 5400 SE JACK AVENUE, #L17 STUART, FL 34997	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/Ross, John 5400 SE Jack Ave #J-19 Stuart FL 34997 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V-Pres./D LECUYER, CHARLIE 5400 SE JACK AVENUE, #M9 STUART, FL 34997	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer/D FRANK, LORETTA R. 5400 SE Jack Ave #M-20 Stuart FL 34997 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: x Bruce Jenks 03/12/07 (772) 781-1402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #