2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003612

Entity Name: CORA-WIN COVE, INC.

FILED Apr 24, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5400 S.E. JACK AVENUE STUART, FL 34997

Current Mailing Address: New Mailing Address:

TWO N TAMIAMI TRAIL SUITE 500 SARASOTA, FL 34236

FEI Number: 20-4598860 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

GORDON, SCOTT E ESQ TWO N TAMIAMI TRAIL SUITE 500 SARASOTA, FL 34236 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

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 SD () Delete
 Title:
 SD (X) Change () Addition

 Name:
 PIKE, DIANE
 Name:
 PIKE, DIANNE

 Address:
 5400 SE JACK AVENUE, #N12
 Address:
 5400 SE JACK AVENUE #N-12

City-St-Zip: STUART, FL 34997 City-St-Zip: STUART, FL 34997

Title: D () Delete Title: D (X) Change () Addition
Name: WELLS, BRUCE Name: WELLS, BRUCE

 Address:
 5400 SE JACK AVE H-1
 Address:
 5400 SE JACK AVE #H-1

 City-St-Zip:
 STUART, FL 34997
 City-St-Zip:
 STUART, FL 34997

Title: D () Delete Title: D (X) Change () Addition Name: ELLYN, KELLY Name: ELLYN, KELLY

Address: 5400 SE JACK AVE M-15 Address: 5400 SE JACK AVENUE #M-15

City-St-Zip: STUART, FL 34997 City-St-Zip: STUART, FL 34997

Title: D () Delete Title: DT (X) Change () Addition Name: SHAPPELL, ROBERT Name: FRANK, LORETTA Address: 5400 SE JACK AVE. L-20 Address: 5400 SE JACK AVENUE #M-20

City-St-Zip: STUART, FL 34997 City-St-Zip: STUART, FL 34997

Title: D () Delete Title: DVP (X) Change () Addition

Name: SINGLETON, LILLIAN Name: SINGLETON, LILLIAN Address: 5400 SE JACK AVENUE, #L17 Address: 5400 SE JACK AVENUE #L-17

City-St-Zip: STUART, FL 34997 City-St-Zip: STUART, FL 34997

Title: D () Delete Title: DP (X) Change () Addition

Name: LECUYER, CHARLIE Name: LECUYER, CHARLIE Address: 5400 SE JACK AVENUE, #M9 Address: 5400 SE JACK AVENUE #M-9

City-St-Zip: STUART, FL 34997 City-St-Zip: STUART, FL 34997

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CHARLIE LECUYER PRES 04/24/2009

Electronic Signature of Signing Officer or Director

Date