2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2011
Secretary of State

DOCUMENT# N06000003612

Entity Name: CORA-WIN COVE, INC.

Current Principal Place of Business:

5400 S.E. JACK AVENUE
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

TWO N TAMIAMI TRAIL
SUITE 500
SARASOTA, FL 34236

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: SD
Name: PIKE, DIANNE
Address: 5400 SE JACK AVENUE #N-12
City-St-Zip: STUART, FL 34997

Title: D
Name: WELLS, BRUCE
Address: 5400 SE JACK AVE #H-1
City-St-Zip: STUART, FL 34997

Title: D
Name: SHAPPELL, ROBERT
Address: 5400 SE JACK AVENUE #L-20
City-St-Zip: STUART, FL 34997

Title: DT
Name: FRANK, LORETTA R
Address: 5400 SE JACK AVENUE #M-20
City-St-Zip: STUART, FL 34997

Title: DVP
Name: SINGLETON, LILLIAN
Address: 5400 SE JACK AVENUE #L-17
City-St-Zip: STUART, FL 34997

Title: DP
Name: LECUYER, CHARLIE J
Address: 5400 SE JACK AVENUE #M-9
City-St-Zip: STUART, FL 34997

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: CHARLIE LECUYER PRES 04/04/2011

Electronic Signature of Signing Officer or Director — Date