2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2015
Secretary of State
CC9497831338

DOCUMENT# N06000003612

Entity Name: CORA-WIN COVE, INC.

Current Principal Place of Business:

5400 S.E. JACK AVENUE, LOT M-20
STUART, FL 34997

Current Mailing Address:

TWO N TAMIAMI TRAIL
SUITE 500
SARASOTA, FL 34236

FEI Number: 20-4598860

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

GORDON, SCOTT EESQ
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

Officer/Director Detail :

Title	DIRECTOR, SECRETARY
Name	THOMSEN, LYNN
Address	5400 SE JACK AVENUE #L-12
City-State-Zip:	STUART FL 34997

Title	DIRECTOR
Name	KINNEY, GERALDIN
Address	5400 SE JACK AVENUE #K-16
City-State-Zip:	STUART FL 34997

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

Title	DIRECTOR
Name	COOK, FRANCIS
Address	5400 SE JACK AVENUE #N-3
City-State-Zip:	STUART FL 34997

Title	DIRECTOR, VP
Name	WELLS, BRUCE
Address	5400 SE JACK AVENUE #H-1
City-State-Zip:	STUART FL 34997

Title	DIRECTOR, TREASURER
Name	FRANK, LORETTA
Address	5400 SE JACK AVENUE #M-20
City-State-Zip:	STUART FL 34997

Title	DIRECTOR
Name	PIKE, ROBERT
Address	5400 SE JACK AVENUE #N-12
City-State-Zip:	STUART FL 34997

Title	DIRECTOR
Name	YATES, PATTI
Address	5400 SE JACK AVENUE #I-1
City-State-Zip:	STUART FL 34997

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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: LYNN THOMSEN SECRETARY 03/16/2015

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	MILLER, DON
Address	5400 SE JACK AVENUE #L-15
City-State-Zip:	STUART FL 34997