

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003612

Entity Name: CORA-WIN COVE, INC.**Current Principal Place of Business:**5400 S.E. JACK AVENUE, LOT K-6
STUART, FL 34997**Current Mailing Address:**TWO N TAMIAMI TRAIL
SUITE 500
SARASOTA, FL 34236 US**FEI Number:** 20-4598860**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**YATES , PATRICIA
759 SW FEDERAL HWY SUITE 213
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:** PATRICIA YATES

01/04/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title DIRECTOR, TREASURER
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 HALLORAN, JOHN
Address 5400 SE JACK AVENUE #J-15
City-State-Zip: STUART FL 34997

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

Title DIRECTOR
Name FLYNN, SHEILA
Address 5400 SE JACK AVE LOT#K-10
City-State-Zip: STUART FL 34997

Title DIRECTOR
Name SUTTON, KAY
Address 5400 SE JACK AVE LOT#J-9
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: PATRICIA YATES**SECRETARY**

01/04/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR, TREASURER, SECRETARY
Name	PATRICIA, YATES
Address	5400 SE JACK AVE LOT#I-1
City-State-Zip:	STUART FL 34997