

2021 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:**5400 S.E. JACK AVENUE, LOT K-6
STUART, FL 34997 US**FEI Number:** 20-4598860**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BECKER & POLIAKOFF
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:** LANCE CLOUSE

03/16/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, PRESIDENT
Name ANDERSON-KOKELL, MARY
Address 5400 SE JACK AVENUE #K-9
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 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, VP
Name FRANK, TOM
Address 5400 S.E. JACK AVENUE #L-13
City-State-Zip: STUART FL 34997

Title DIRECTOR, SECRETARY
Name WHALEN, JOHN
Address 5400 S.E. JACK AVENUE #K-1
City-State-Zip: STUART FL 34997

Title DIRECTOR
Name MCPHILLIPS, JUDY
Address 5400 S.E. JACK AVENUE #M-15
City-State-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: LYNN THOMSEN

TREASURER

03/16/2021

Electronic Signature of Signing Officer/Director Detail

Date