

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768379

Entity Name: QUAIL MEADOW HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**C/O C & M PROPERTY MANAGEMENT
215 S FED HWY SUITE 200
STUART, FL 34994**Current Mailing Address:**C/O C & M PROPERTY MANAGEMENT
P.O. BOX 111
JENSEN BEACH, FL 34958 US**FEI Number:** 59-2290112**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROSS EARLE & BONAN, P.A.
789 S FEDERAL HWY STE 101
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	VP, DIRECTOR
Name	MAGGI, ARNOLD
Address	3545-B SW QUAIL MEADOW TRAIL
City-State-Zip:	PALM CITY FL 34990

Title	DIRECTOR
Name	PLASTOW, JAMES
Address	3744-B SW QUAIL MEADOW TR.
City-State-Zip:	PALM CITY FL 34990

Title	PRESIDENT, DIRECTOR
Name	PETTY, TOM
Address	3705-D SW QUAIL MEADOW TR.
City-State-Zip:	PALM CITY FL 34990

Title	TREASURER, DIRECTOR
Name	BARBARA, CICCARELLI
Address	C/O C & M PROPERTY MANAGEMENT 215 S FED HWY SUITE 200
City-State-Zip:	STUART FL 34994

Title	SECRETARY, DIRECTOR
Name	MAUREEN, RYAN
Address	C/O C & M PROPERTY MANAGEMENT 215 S FED HWY SUITE 200
City-State-Zip:	STUART FL 34994

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: TOM PETTY**PRESIDENT****04/29/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date