

2000 UNIFORM BUSINESS REPORT (UBR)

2/

DOCUMENT # N37431

1. Entity Name

QUAIL COVE HOMEOWNERS ASSOCIATION, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

02-24-2000 90017 028 ****61.25

Principal Place of Business

Mailing Address

3444 COVE COURT
MELBOURNE FL 32935-47013444 COVE COURT
MELBOURNE FL 32935-4701

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-3108625

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEWIS, GARY D.
3461 COVE COURT
MELBOURNE FL 32935

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

*Russell G. Eggert**Russell H. Eggert*

2/7/00

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------|--|
| TITLE | DP | <input checked="" type="checkbox"/> Delete |
| NAME | GREENBERGER, DAVE | |
| STREET ADDRESS | 3455 COVE COURT | |
| CITY-ST-ZIP | MELBOURNE FL | |
| TITLE | DT | <input checked="" type="checkbox"/> Delete |
| NAME | LEWIS, GARY D. | |
| STREET ADDRESS | 3461 COVE COURT | |
| CITY-ST-ZIP | MELBOURNE FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|----------------------------------|--|
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | PRES. SHARON MECCA | |
| STREET ADDRESS | 3419 COVE CT. MELBOURNE FL 32935 | |
| CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | VICE PRES. SIM PLATIS | |
| STREET ADDRESS | 3431 COVE CT MELBOURNE FL 32935 | |
| CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Russell G. Eggert | |
| STREET ADDRESS | Sec/Treasurer | |
| CITY-ST-ZIP | 3443 COVE CT, MELBOURNE FL 32935 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Russell G. Eggert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

321-242-0660

Daytime Phone #

CR2E037 (9/99)