

DOCUMENT # N37431

1. Entity Name

QUAIL COVE HOMEOWNERS ASSOCIATION, INC.

FILED  
Jan 11, 2001 8:00 am  
Secretary of State

01-11-2001 90032 002 \*\*\*\*61.25

Principal Place of Business

Mailing Address

3444 COVE COURT  
MELBOURNE FL 32935-4701

3444 COVE COURT  
MELBOURNE FL 32935-4701



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

RUSSELL Eggert

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

3443 COVE CT.

City

Melbourne

FL

Zip Code

32935

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 <sup>Sec</sup> <sub>Tras.</sub> Russell G. Eggert

1/5/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MEGER, SHARON	MECCA
STREET ADDRESS	3419 COVE CT	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	PLATIS, JIM	
STREET ADDRESS	3431 COVE CT	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	STD	<input type="checkbox"/> Delete
NAME	EGGERT, RUSSELL G	
STREET ADDRESS	3443 COVE CT	
CITY-ST-ZIP	MELBOURNE FL 32935	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	name spelled wrong	
STREET ADDRESS	Sharon Mecca	
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		
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

1/5/01 -321- 242-0660

Date

Daytime Phone #

CR2E037 (10/00)