

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37431

1. Entity Name

QUAIL COVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

3444 COVE COURT  
MELBOURNE FL 32935-4701

Mailing Address

3444 COVE COURT  
MELBOURNE FL 32935-4701

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3108625

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

EGGERT, RUSSELL  
3443 COVE COURT  
MELBOURNE FL 32935

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*Russell A. Eggert* 1-9-02

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  
NAME MECCA, SHARON  
STREET ADDRESS 3419 COVE COURT  
CITY-ST-ZIP MELBOURNE FL 32935 ☐ Delete

TITLE VPD  
NAME PLATIS, JIM  
STREET ADDRESS 3431 COVE CT  
CITY-ST-ZIP MELBOURNE FL 32935 ☐ Delete

TITLE STD  
NAME EGGERT, RUSSELL G  
STREET ADDRESS 3443 COVE CT  
CITY-ST-ZIP MELBOURNE FL 32935 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 A. Eggert* TREASURER

1-4-02

321-  
242-0660

FILED  
Jan 08, 2002 8:00 am  
Secretary of State

01-08-2002 90028 022 \*\*\*\*61.25

700679



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)