2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N37431

1. Entity Name
QUAIL COVE HOMEOWNERS ASSOCIATION, INC.

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

01232007 No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
59-3108625	Not Applicable

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

6. Name and Address of Current Registered Agent

SHARON MECCA
3419 COVE COURT
MELBOURNE, FL 32935

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)

0000000613223

02/06/07--80017--005 61.25

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing   ☐   **$5.00** May Be
Trust Fund Contribution.   Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	STD
NAME	MECCA, SHARON
STREET ADDRESS	3419 COVE COURT
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	PD
NAME	PLATIS, JIM
STREET ADDRESS	3431 COVE CT
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	VPD
NAME	PALO, MICHAEL
STREET ADDRESS	3425 COVE CT.
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _Sharon A. Mecca_   1/29/07   (321) 255-0762

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #