2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37431

FILED Jan 05, 2009 Secretary of State

Entity Name: QUAIL COVE HOMEOWNERS ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 3444 COVE COURT MELBOURNE, FL 329354701 **Current Mailing Address: New Mailing Address:** 3444 COVE COURT MELBOURNE, FL 329354701 FEI Number: 59-3108625 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SHARON MECCA 3419 COVE COURT MELBOURNE, FL 32935 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: STD () Delete (X) Change () Addition MECCA, SHARON A MECCA, SHARON Name: Name: Address: 3419 COVE COURT Address: 3419 COVE COURT City-St-Zip: MELBOURNE, FL 32935 City-St-Zip: MELBOURNE, FL 32935 Title: () Delete Title: () Change () Addition KUNZWEILER, WILLIAM R Name: Name: Address: 3461 COVE CT Address: City-St-Zip: MELBOURNE, FL 32935 City-St-Zip: Title: () Delete Title: () Change () Addition SNYDER, JOHN Name: Name: Address: 3437 COVE CT Address: City-St-Zip: MELBOURNE, FL 32935 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SHARON A. MECCA STD 01/05/2009