

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 768379

**Entity Name:** QUAIL MEADOW HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O C & M PROPERTY MANAGEMENT  
215 S FED HWY SUITE 200  
STUART, FL 34994

**Current Mailing Address:**

C/O C & M PROPERTY MANAGEMENT  
P.O. BOX 111  
JENSEN BEACH, FL 34958 US

**FEI Number:** 59-2290112

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ROSS EARLE & BONAN, P.A.  
789 S FEDERAL HWY STE 101  
STUART, FL 34994 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

**Officer/Director Detail :**

Title            TREASURER, DIRECTOR  
Name            CARLO, LINDA  
Address        3584A SW QUAIL MEADOW TRAIL  
City-State-Zip: PALM CITY FL 34990

Title            VP, DIRECTOR  
Name            MAGGI, ARNOLD  
Address        3545-B SW QUAIL MEADOW TRAIL  
City-State-Zip: PALM CITY FL 34990

Title            SECRETARY, DIRECTOR  
Name            PLASTOW, JAMES  
Address        3744-B SW QUAIL MEADOW TR.  
City-State-Zip: PALM CITY FL 34990

Title            PRESIDENT, DIRECTOR  
Name            WALSH, JOHN  
Address        3785-B SW QUAIL MEADOW TR.  
City-State-Zip: PALM CITY FL 34990

*I hereby 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 all other like empowered.*

**SIGNATURE:** JOHN WALSH

**PRESIDENT**

**03/27/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date