

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N37431

**Entity Name:** QUAIL COVE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**3444 COVE COURT  
MELBOURNE, FL 32935**Current Mailing Address:**3444 COVE COURT  
MELBOURNE, FL 32935 US**FEI Number:** 59-3108625**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HAMMAD, MALAK M  
3444 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:** MALAK M HAMMAD

01/08/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                    |
|-----------------|--------------------|
| Title           | VP                 |
| Name            | MECCA, SHARON A    |
| Address         | 3444 COVE COURT    |
| City-State-Zip: | MELBOURNE FL 32935 |

|                 |                    |
|-----------------|--------------------|
| Title           | TREASURER          |
| Name            | CHURCH , KIMBERLY  |
| Address         | 3444 COVE COURT    |
| City-State-Zip: | MELBOURNE FL 32935 |

|                 |                    |
|-----------------|--------------------|
| Title           | PRESIDENT          |
| Name            | HAMMAD, MALAK M    |
| Address         | 3444 COVE COURT    |
| City-State-Zip: | MELBOURNE FL 32935 |

*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:** KIMBERLY J. CHURCH

TREASURER

01/08/2023

Electronic Signature of Signing Officer/Director Detail

Date