


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91009 043 ****61.25

DOCUMENT # N01000008220 1. Entity Name CLASSICS PLANTATION ESTATES HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 8825 TAMiami TRAIL E. NAPLES, FL 34113		Mailing Address 8825 TAMiami TRAIL E. NAPLES, FL 34113	
2. Principal Place of Business Bank America Center 4501 Tamiami Trail N., Ste 300		3. Mailing Address Bank America Center 4501 Tamiami Trail N.	
Suite, Apt. #, etc. 300		Suite, Apt. #, etc. 300	
City & State Naples, FL		City & State Naples, FL	
Zip 34103		Zip 34103	
Country USA		Country USA	
4. FEI Number 59-3756814			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent NOVATT, JEFF M ESQ 821 FIFTH AVE. S, STE. 201 NAPLES, FL 34102		7. Name and Address of New Registered Agent Name Stock Community Services, LLC Street Address (P.O. Box Number is Not Acceptable) Bank America Center 4501 Tamiami Trl. N., Suite 300 Naples FL 34103	
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 <u>Benee Tiefenbach</u> <u>Benee Tiefenbach</u> <u>4/19/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DE LANGE, LUKE 8825 TAMiami TRAIL E. NAPLES, FL 34113	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP President/Director Benee Tiefenbach Bank America Center 4501 Tamiami Trail N. Ste 300 Naples, FL 34103
<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BUCKLEY, MICHELLE 8825 TAMiami TRAIL E. NAPLES, FL 34113	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP V.P./Director Brad Black Bank America Center 4501 Tamiami Trail N. Ste 300 Naples, FL 34103
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST. DE LANGE, MARGRIET 8825 TAMiami TRAIL E. NAPLES, FL 34113	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Secretary/Treasurer/Director Sandy Houldsworth Bank America Center 4501 Tamiami Trail N. Ste 300 Naples, FL 34103
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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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: <u>Benee Tiefenbach</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4/19/04</u> <u>239-592-7344</u> <small>Date Daytime Phone #</small>	

04042108



04142004 Chg-NP CR2E037 (10/03)

Applied For
Not Applicable

Fee Required

Name

Street Address (P.O. Box Number is Not Acceptable)

City

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

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Trust Fund Contribution.

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Make check payable to
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10. OFFICERS AND DIRECTORS

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director Benee Tiefenbach Bank America Center 4501 Tamiami Trail N. Ste 300 Naples, FL 34103	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P./Director Brad Black Bank America Center 4501 Tamiami Trail N. Ste 300 Naples, FL 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer/Director Sandy Houldsworth Bank America Center 4501 Tamiami Trail N. Ste 300 Naples, FL 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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SIGNATURE: **Benee Tiefenbach**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/04 **239-592-7344**
Date Daytime Phone # **8248**