

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 29, 2008 8:00 am**  
**Secretary of State**

05-29-2008 90198 016 \*\*\*\*61.25

**DOCUMENT # N01000008220**

1. Entity Name  
**CLASSICS PLANTATION ESTATES HOMEOWNERS  
ASSOCIATION, INC.**



Principal Place of Business  
**% STOCK COMMUNITY SVCS.  
4980 TAMiami TRl N STE 101  
NAPLES, FL 34103 US**

Mailing Address **STOCK DEVELOPMENT**  
**C/O STOCK COMMUNITY SERVICES, LLC  
2647 PROFESSIONAL CIRCLE, SUITE 1213  
NAPLES, FL 34119 US**

2. Principal Place of Business - No P.O. Box #

**STOCK DEVELOPMENT**

3. Mailing Address

**2647 Professional  
Circle,  
Suite 1201**

City & State

City & State

**NAPLES FL**

Zip

Country

Zip

Country

**34119**

04282008

Chg-NP

CR2E037 (12/06)

4. FEI Number  
**59-3756814**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**STOCK COMMUNITY SERVICES, LLC  
BANK AMERICA CENTER  
4501 TAMiami TRl N STE 300  
NAPLES, FL 34103**

7. Name and Address of New Registered Agent

Name

**Stock Development**

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

**2647 Professional Circle, Suite 1201**

City

**NAPLES**

**FL**

Zip Code

**34119**

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

**STOCK DEVELOPMENT** *[Signature]*

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete  
NAME **SPIVEY, BLAINE**  
STREET ADDRESS **4501 TAMiami TRl N STE 300**  
CITY-ST-ZIP **NAPLES, FL 34103**

TITLE **DVP** ☐ Delete  
NAME **HOULDSWORTH, SANDRA**  
STREET ADDRESS **4501 TAMiami TRl N STE 300**  
CITY-ST-ZIP **NAPLES, FL 34103**

TITLE **DST** ☒ Delete  
NAME **SCHECINGER, VALERIE**  
STREET ADDRESS **4501 TAMiami TRl N STE 300**  
CITY-ST-ZIP **NAPLES, FL 34103**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☒ Change ☐ Addition  
NAME **Chad Kosces**  
STREET ADDRESS **2647 Professional Circle**  
CITY-ST-ZIP **Suite #1201  
NAPLES, FL 34119**

TITLE **DVP** ☒ Change ☐ Addition  
NAME **Sandra Howldsworth**  
STREET ADDRESS **2647 Professional Circle, Suite 1201**  
CITY-ST-ZIP **NAPLES, FL 34119**

TITLE **DST** ☒ Change ☐ Addition  
NAME **Keith Galden**  
STREET ADDRESS **2647 Professional Circle, Suite 1201**  
CITY-ST-ZIP **NAPLES, FL 34119**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

*[Signature]*

**4-30-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #