

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008220

FILED  
Mar 26, 2009  
Secretary of State

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

**Current Principal Place of Business:**

% STOCK - DEVELOPMENT  
4980 TAMiami TRL N STE 101  
NAPLES, FL 34103 US

**New Principal Place of Business:**

% STOCK - DEVELOPMENT  
2647 PROFESSIONAL CIRCLE, STE 1201  
NAPLES, FL 34119 US

**Current Mailing Address:**

C/O STOCK COMMUNITY SERVICES, LLC  
2647 PROFESSIONAL CIRCLE, SUITE 1201  
NAPLES, FL 34119 US

**New Mailing Address:**

% STOCK - DEVELOPMENT  
2647 PROFESSIONAL CIRCLE, STE 1201  
NAPLES, FL 34119 US

FEI Number: 59-3756814

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STOCK DEVELOPMENT  
BANK AMERICA CENTER  
2647 PROFESSIONAL CIRCLE, SUITE 1201  
NAPLES, FL 34119 US

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

STOCK DEVELOPMENT  
2647 PROFESSIONAL CIRCLE  
SUITE 1201  
NAPLES, FL 34119 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: CHAD KOCSES

03/26/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: KOCSES, CHAD  
Address: 2647 PROFESSIONAL CIRCLE #1201  
City-St-Zip: NAPLES, FL 34119

Title: DVP (X) Delete  
Name: HOULDSWORTH, SANDRA  
Address: 2647 PROFESSIONAL CIRCLE, SUITE 1201  
City-St-Zip: NAPLES, FL 34119

Title: DST ( ) Delete  
Name: GELDEN, KEITH  
Address: 2647 PROFESSIONAL CIRCLE, SUITE 1201  
City-St-Zip: NAPLES, FL 34119

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: CHAD KOCSES

DP

03/26/2009

Electronic Signature of Signing Officer or Director

Date