

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

DOCUMENT# N01000008220

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

**Current Principal Place of Business:**

RESORT MANAGEMENT  
2685 HORSESHOE DRIVE SOUTH SUITE 215  
NAPLES, FL 34104

**Current Mailing Address:**

C/O RESORT MANAGEMENT  
2685 HORSESHOE DRIVE SOUTH SUITE 215  
NAPLES , FL 34104 US

**FEI Number:** 59-3756814

**Certificate of Status Desired:** No

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

WHELCHER, WARD ESQ.  
C/O RESORT MANAGMENT  
2685 HORESHOE DRIVE SOUTH SUITE 215  
NAPLES, FL 34104 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:** WARD WHELCHER, ESQ

08/03/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            WAGER, PATRICIA SUE  
Address        C/O RESORT MANAGEMENT  
                  2685 HORSESHOE DRIVE SOUTH  
                  SUITE 215  
City-State-Zip:   NAPLES   FL   34104

Title            VP  
Name            BUDGE, KATHY  
Address        C/O RESORT MANAGEMENT  
                  2685 HORSESHOE DRIVE SOUTH  
                  SUITE 215  
City-State-Zip:   NAPLES   FL   34104

Title            TREASURER  
Name            CILLUFFO, SUSAN  
Address        C/O RESORT MANAGEMENT  
                  2685 HORSESHOE DRIVE SOUTH  
                  SUITE 215  
City-State-Zip:   NAPLES   FL   34104

Title            SECRETARY  
Name            WHELCHER, WARD  
Address        C/O RESORT MANAGEMENT  
                  2685 HORSESHOE DRIVE SOUTH  
                  SUITE 215  
City-State-Zip:   NAPLES   FL   34104

Title            DIRECTOR  
Name            HEIDERMAN, ROBERT  
Address        C/O RESORT MANAGEMENT  
                  2685 HORSESHOE DRIVE SOUTH  
                  SUITE 215  
City-State-Zip:   NAPLES   FL   34104

*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:** SUSAN CILLUFFO

TREASURER

08/03/2023

