

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 18, 2007 8:00 am**  
**Secretary of State**

05-18-2007 90019 021 \*\*\*\*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  
**BANK AMERICA CENTER  
4501 TAMiami TRAIL N STE 300  
NAPLES, FL 34103 US**



04132007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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**

**DO NOT WRITE  
IN THIS SPACE**

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

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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DST  
SCHECHINGER, VALERIE  
4501 TAMiami TRL N STE 300  
NAPLES, FL 34103**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:** *Valerie Schechinger* ST *Valerie Schechinger* 5/5/07 239-261-9232  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #