2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2008 8:00 am
Secretary of State
05-29-2008 90198 016 ****61.25

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

Principal Place of Business	Mailing Address
% STOCK COMMUNITY SVES. 4980 TAMIAMI TRL N STE 101 NAPLES, FL 34103 US STOCK Development	STOCK DEVELOPMENT C/O STOCK COMMUNITY SERVICES, LLC 2647 PROFESSIONAL CIRCLE, SUITE 1213 NAPLES, FL 34119 US

04282008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
STOCK - DEVELOPMENT	2647 Professional Circle,
Suite, Apt. #, etc. Same as mailing	Suite, Apt. #, etc. Suite 1201
City & State	City & State NAPLES FL
Zip / Country	Zip 34119 / Country

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	7. Name and Address of New Registered Agent
STOCK COMMUNITY SERVICES, LLC BANK AMERICA CENTER 4501 TAMIAMI TRL N STE 300 NAPLES, FL 34103	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 By Sandra Houldsworth FL
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP SPIVEY, BLAINE 4501 TAMIAMI TR N STE 300 NAPLES, FL 34103	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Chad Kosces 2647 Professional Circle Suite #1201 NAPLES, FL 34119	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP HOULDSWORTH, SANDRA 4501 TAMIAMI TRL N STE 300 NAPLES, FL 34103	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP Sandra Houldsworth 2647 Professional Circle, Suite 1201 NAPLES, FL 34119	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST SCHECINGER, VALERIE 4501 TAMIAMI TRL N STE 300 NAPLES, FL 34103	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OST Keith Geldon 2647 Professional Circle, Suite 1201 NAPLES, FL 34119	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Sandra Houldsworth 4-30-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #