2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# N01000008220

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: KOSCES, CHAD
Address: 2647 PROOFESSIONAL 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