

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000008220

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



Principal Place of Business
8825 TAMiami TRAIL E.
NAPLES, FL 34113

Mailing Address
8825 TAMiami TRAIL E.
NAPLES, FL 34113

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

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

NOVATT, JEFF M ESQ
821 FIFTH AVE. S, STE. 201
NAPLES, FL 34102

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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's signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

TITLE DP ☒ Delete
NAME RYAN, JOSEPH
STREET ADDRESS 8825 TAMiami TRAIL E.
CITY-ST-ZIP NAPLES, FL 34113

TITLE DV ☒ Delete
NAME HUDICK, RICH
STREET ADDRESS 8825 TAMiami TRAIL E.
CITY-ST-ZIP NAPLES, FL 34113

TITLE DST ☒ Delete
NAME DAVIDSON, ROMIE
STREET ADDRESS 8825 TAMiami TRAIL E.
CITY-ST-ZIP NAPLES, FL 34113

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☐ Change ☒ Addition
NAME de Lange, Luke
STREET ADDRESS 8825 Tamiami Trail East
CITY-ST-ZIP Naples, Florida 34113

TITLE DV ☐ Change ☒ Addition
NAME Buckley, Michelle
STREET ADDRESS 8825 Tamiami Trail East
CITY-ST-ZIP Naples, Florida 34113

TITLE DST ☐ Change ☒ Addition
NAME de Lange, Margriet
STREET ADDRESS 8825 Tamiami Trail East
CITY-ST-ZIP Naples, Florida 34113

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Luke de Lange, President

03/21/03

239-774-5333

Date

Daytime Phone #

CR2E037 (10/02)