

2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 15, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # N04000002847

1. Entity Name  
CLASSIC DEVELOPMENT FOUNDATION, INC.



Principal Place of Business  
17121 NE 6TH AVENUE  
NORTH MIAMI BEACH, FL 33162

Mailing Address  
17121 NE 6TH AVENUE  
NORTH MIAMI BEACH, FL 33162

**DO NOT WRITE IN THIS SPACE**



03122007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
90-0156235

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHN-LATIMER, ANN  
17121 NE 6TH AVENUE  
NORTH MIAMI BEACH, FL 33162

**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

U00000668369  
03/27/07-80028-004 70.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
JOHN, RHONDA N  
11700 SW 9TH COURT  
PEMBROKE PINES, FL 33025

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
LATIMER, OTTO V JR.  
11700 SW 9TH COURT  
PEMBROKE PINES, FL 33025

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
LATIMER, ROAN C  
11700 SW 9TH COURT  
PEMBROKE PINES, FL 33025

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CLARK, PAULETTE C  
3396 FOXCROFT ROAD, #211  
MIRAMAR, FL 33025

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/07

Date

(305) 653-0401

Daytime Phone #