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Secretary of State
04-09-2007 90083 022 ****61.25

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N94000000870

1. Entity Name
THE CLASSICS AT BEAR LAKES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
2126 CHAGALL CIR
WEST PALM BCH, FL 33409 US

Mailing Address
P O BOX 220861
WEST PALM BCH, FL 33422 US

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

03252007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0540268 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
TRAVERS, QUINTON
2074 CEZANNE RD
WEST PALM BCH, FL 33409

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 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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KINNEY, ALISON	NAME	
STREET ADDRESS	2077 CHAGALL CIR	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33409	CITY-ST-ZIP	
TITLE	SD ☐ Delete	TITLE	SD/VD ☒ Change ☐ Addition
NAME	SULLIVAN, MICHELLE	NAME	Sullivan, Michelle
STREET ADDRESS	2112 CHAGALL CIR	STREET ADDRESS	2112 Chagall Cir
CITY-ST-ZIP	WEST PALM BEACH, FL 33409	CITY-ST-ZIP	West Palm Beach, FL 33409
TITLE	TD ☒ Delete	TITLE	D ☐ Change ☒ Addition
NAME	BERIN, MARIA	NAME	Saridakis, Jakovos
STREET ADDRESS	2066 CEZANNE RD	STREET ADDRESS	2128 Chagall Cir
CITY-ST-ZIP	WEST PALM BEACH, FL 33409	CITY-ST-ZIP	West Palm Beach, FL 33409
TITLE	VD ☐ Delete	TITLE	TD ☐ Change ☒ Addition
NAME	TRAVERS, QUINTON	NAME	Lezcano, Jill
STREET ADDRESS	2074 CEZANNE RD	STREET ADDRESS	2123 Chagall Cir
CITY-ST-ZIP	WEST PALM BEACH, FL 33409	CITY-ST-ZIP	West Palm Beach, FL 33409
TITLE	D ☒ Delete	TITLE	D ☐ Change ☒ Addition
NAME	GESNER, LESLIE	NAME	Jackson, Skip
STREET ADDRESS	2070 CHAGALL CIR	STREET ADDRESS	2106 Chagall Cir
CITY-ST-ZIP	WEST PALM BEACH, FL 33409	CITY-ST-ZIP	West Palm Beach, FL 33409
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Alison Brady Kinney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #