

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000870

FILED
Mar 04, 2009
Secretary of State

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

Current Principal Place of Business:

2126 CHAGALL CIR
WEST PALM BCH, FL 33409 US

New Principal Place of Business:

2073 CEZANNE ROAD
WEST PALM BCH, FL 33409 US

Current Mailing Address:

P O BOX 220861
WEST PALM BCH, FL 33422 US

New Mailing Address:

FEI Number: 65-0540268 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CATES, JOHN D
2615 MOHAWK CIR
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: FORD, JAMES
Address: 2059 CEZANNE RD
City-St-Zip: WEST PALM BEACH, FL 33409

Title: PD () Delete
Name: SULLIVAN, MICHELLE
Address: 2112 CHAGALL CIR
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D () Delete
Name: SARIDAKIS, JAKOVOS
Address: 2128 CHAGALL CIR
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D () Delete
Name: HALL, SARAH
Address: 2124 CHAGALL CIR
City-St-Zip: WEST PALM BEACH, FL 33409

Title: VPD () Delete
Name: JACKSON, SKIP
Address: 2106 CHAGALL CIR
City-St-Zip: WEST PALM BEACH, FL 33409

Title: SD () Delete
Name: LEZCANO, JILL
Address: 2123 CHAGALL CIR
City-St-Zip: WEST PALM BEACH, FL 33409

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: WILDE, WALTER
Address: 2073 CEZANNE ROAD
City-St-Zip: WEST PALM BEACH, FL 33409

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GODDEAU, CHRISTY
Address: 2124 CHAGALL CIR
City-St-Zip: WEST PALM BEACH, FL 33409

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: GESNER, LESLIE
Address: 2070 CHAGALL CIR
City-St-Zip: WEST PALM BEACH, FL 33409

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: WALTER WILDE

PD

03/04/2009

Electronic Signature of Signing Officer or Director

_____ Date