

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008220

Entity Name: CLASSICS PLANTATION ESTATES HOMEOWNERS ASSOCIATION, INC.**FILED**
Feb 20, 2020
Secretary of State
8456612486CC**Current Principal Place of Business:**C/O PRECEDENT HOSPITALITY & PROPERTY MANAGEMENT
3001 EXECUTIVE DR. SUITE 260
CLEARWATER, FL 33762**Current Mailing Address:**C/O PRECEDENT HOSPITALITY & PROPERTY MANAGEMENT
3001 EXECUTIVE DR. SUITE 260
CLEARWATER, FL 33762 US**FEI Number: 59-3756814****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ADAMCZYK, STEVE ESQ.
GOEDE, ADAMCZYK, DEBOEST & CROSS, PLLC
6609 WILLOW PARK DRIVE SUITE 201
NAPLES, FL 34109 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: STEVE ADAMCZYK****02/20/2020**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	MCDONALD, KEVIN
Address	C/O PRECEDENT HOSPITALITY & PROPERTY MANAGEMENT 3001 EXECUTIVE DR. SUITE 260
City-State-Zip:	CLEARWATER FL 33762

Title	VP
Name	BLACK, CRAIG
Address	C/O PRECEDENT HOSPITALITY & PROPERTY MANAGEMENT 3001 EXECUTIVE DR. SUITE 260
City-State-Zip:	CLEARWATER FL 33762

Title	TREASURER
Name	MAYER, ROBERT
Address	C/O PRECEDENT HOSPITALITY & PROPERTY MANAGEMENT 3001 EXECUTIVE DR. SUITE 260
City-State-Zip:	CLEARWATER FL 33762

Title	SECRETARY
Name	GEBBIA, JOSEPH
Address	C/O PRECEDENT HOSPITALITY & PROPERTY MANAGEMENT 3001 EXECUTIVE DR. SUITE 260
City-State-Zip:	CLEARWATER FL 33762

Title	DIRECTOR
Name	WICAL, KELLY
Address	C/O PRECEDENT HOSPITALITY & PROPERTY MANAGEMENT 3001 EXECUTIVE DR. SUITE 260
City-State-Zip:	CLEARWATER FL 33762

I hereby 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 all other like empowered.

SIGNATURE: KEVIN MCDONALD**PRESIDENT****02/20/2020**

Electronic Signature of Signing Officer/Director Detail

Date