

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008220

Entity Name: CLASSICS PLANTATION ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

RESORT MANAGEMENT
2685 HORSESHOE DRIVE SOUTH SUITE 215
NAPLES, FL 34104

Current Mailing Address:

C/O RESORT MANAGEMENT
2685 HORSESHOE DRIVE SOUTH SUITE 215
NAPLES , FL 34104 US

FEI Number: 59-3756814

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WHELCHER, WARD ESQ.
C/O RESORT MANAGEMENT
2685 HORESHOE DRIVE SOUTH SUITE 215
NAPLES, FL 34104 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: WARD WHELCHER, ESQ

04/15/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name WHELCHER, WARD
Address C/O RESORT MANAGEMENT
 2685 HORSESHOE DRIVE SOUTH
 SUITE 215
City-State-Zip: NAPLES FL 34104

Title VP
Name BUDGE, KATHY
Address C/O RESORT MANAGEMENT
 2685 HORSESHOE DRIVE SOUTH
 SUITE 215
City-State-Zip: NAPLES FL 34104

Title TREASURER
Name CILLUFFO, SUSAN
Address C/O RESORT MANAGEMENT
 2685 HORSESHOE DRIVE SOUTH
 SUITE 215
City-State-Zip: NAPLES FL 34104

Title SECRETARY
Name HEIDERMAN, ROBERT
Address C/O RESORT MANAGEMENT
 2685 HORSESHOE DRIVE SOUTH
 SUITE 215
City-State-Zip: NAPLES FL 34104

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: SUSAN CILLUFFO

TREAS

04/15/2024

Electronic Signature of Signing Officer/Director Detail

Date