

FILED
Jan 24, 2008 8:00 am
Secretary of State

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DOCUMENT # 724414

1. Entity Name

PORT LA BELLE UNIT FOUR PROPERTY HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

4051 NE EUCALYPTUS BLVD
LABELLE, FL 33935 US

Mailing Address

P O BOX 2836
LABELLE, FL 33937

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

OWEN L LUCKEY, JR
90 HOWE AVENUE
LA BELLE, FL 33935

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, 2008

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

SD

NAME

CHIPMAN, VICKI

STREET ADDRESS

4088 RAINBOW CIR.

CITY - ST - ZIP

LABELLE, FL 33935

Delete

TITLE

VD

NAME

BAXAM, AUSTIN

STREET ADDRESS

4069 S EDGEWATER CIR

CITY - ST - ZIP

LABELLE, FL 33935

Delete

TITLE

PD

NAME

ZIMMERLY, RON

STREET ADDRESS

4046 E. SUNFLOWER CIR.

CITY - ST - ZIP

LABELLE, FL 33935

Delete

TITLE

TD

NAME

MARSH, DIANE

STREET ADDRESS

4010 SABER COURT

CITY - ST - ZIP

LABELLE, FL

Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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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: x Vicki S Chipman x 1-18-08 x 863-675-4168

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #