

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 04, 2009
Secretary of State

DOCUMENT# 724414

Entity Name: PORT LA BELLE UNIT FOUR PROPERTY HOMEOWNER'S ASSOCIATION, INC.**Current Principal Place of Business:**4051 NE EUCALYPTUS BLVD
LABELLE, FL 33935 US**New Principal Place of Business:****Current Mailing Address:**P O BOX 2836
LABELLE, FL 33937**New Mailing Address:****FEI Number:** 65-0183352**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HIGGINBOTHAM, ANDREW J
150 S MAIN ST
SUITE 1
LA BELLE, FL 33935 US**Name and Address of New Registered Agent:**LUCKEY LAW FIRM
14 W WASHINGTON AVE
BOX 1820
LA BELLE, FL 33975 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: JAMES O LUCKEY

05/04/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: CHIPMAN, VICKI
Address: 4088 RAINBOW CIR.
City-St-Zip: LABELLE, FL 33935

Title: VD (X) Delete
Name: BAXAM, AUSTIN
Address: 4069 S EDGEWATER CIR
City-St-Zip: LABELLE, FL 33935

Title: PD () Delete
Name: ZIMMERLY, RON
Address: 4046 E. SUNFLOWER CIR.
City-St-Zip: LABELLE, FL 33935

Title: TD () Delete
Name: MARSH, DIANE
Address: 8038 GROVE CT
City-St-Zip: LABELLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: VICKI CHIPMAN

SD

05/04/2009

Electronic Signature of Signing Officer or Director

Date