


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90160 011 \*\*\*\*61.25

<b>DOCUMENT # 735491</b> 1. Entity Name <b>PORT LABELLE RANCHETTES PROPERTY OWNER'S ASSOCIATION, INC.</b>					
Principal Place of Business <b>PORT LABELLE LABELLE, FL 33935</b>			Mailing Address <b>PO BOX 1466 LABELLE, FL 33975</b>		
2. Principal Place of Business - No P.O. Box # <b>Port LaBelle</b>		3. Mailing Address <b>PO Box 2031</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>LaBelle, FL</b>		City & State <b>LaBelle, FL</b>		4. FEI Number <b>65-0030332</b>	
Zip <b>33935</b>		Country <b>U.S.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SOUD, CHRISTOPHER C 150 S MAIN STREET # 1 LABELLE, FL 33935</b>		7. Name and Address of New Registered Agent Name <b>Donald J. Munch Jr.</b> Street Address (P.O. Box Number is Not Acceptable) <b>3013 East Briarwood Circle</b> City <b>LaBelle</b> FL Zip Code <b>33935</b>			
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 <b>Donald J. Munch Jr.</b> <b>Donald J. Munch Jr.</b> <b>President / Secretary</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <span style="float: right;">DATE <b>April 10, 2007</b></span>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUNBAR, WILLIAM 62060 FRONTIER CIRCLE LABELLE, FL 33935	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dunbar, William 62060 Frontier Circle LaBelle, FL 33935
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GEE, SUZANNE 62200 FRONTIER CIRCLE LABELLE, FL 33935	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD / SD Munch, Donald J. Jr. 3013 East Briarwood Circle LaBelle, FL 33935
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MUNCH, DONALD 3013 EAST BRIARWOOD CIRCLE LABELLE, FL 33935	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Vaughn, Linda 62640 Frontier Circle LaBelle, FL 33935
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SOUD, CHRISTOPHER C 62760 FRONTIER CIRCLE LABELLE, FL 33935	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Dorn, Harold 62650 Frontier Circle LaBelle, FL 33935
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORN, HAROLD 5552 FRONTIER CIRCLE LABELLE, FL 33935	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Dorn, Harold 62650 Frontier Circle LaBelle, FL 33935
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE: <u>Donald J. Munch Jr.</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4-10-07</b> <small>Date</small>		<b>863-675-3330</b> <small>Daytime Phone #</small>
<b>Donald J. Munch Jr.</b>					