


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # 735492 1. Entity Name PORT LABELLE VILLAS PROPERTY OWNER'S ASSOCIATION, INC.	
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Principal Place of Business 381 SR 80 W LABELLE, FL 33935 US	Mailing Address P. O. BOX 2877 LABELLE, FL 33975 US
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04252005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2226631	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLARD, BARBARA N
381 SR 80 W
LABELLE, FL 33975

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when rehashing) DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLARD, BARBARA N 381 SR 80 W LABELLE, FL 33935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HILLERAY, OPAL 8 VILLA MARINA DRIVE LABELLE, FL 33935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEBLANC, HENDRY 6644 ZIEGLER STREET TAYLOR, MI 48180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MITCHELL, WESLEY 1315 BIWOOD ROAD AMBLER, PA 19002
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000350443
05/02/05-80103-024 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Opal L Hilleray **4/27/05** **863-475-6779**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #