

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90111 010 \*\*\*\*61.25

**DOCUMENT # 735492**

1. Entity Name  
**PORT LABELLE VILLAS PROPERTY OWNER'S  
ASSOCIATION, INC.**



Principal Place of Business  
**381 SR 80 W  
LABELLE, FL 33935 US**

Mailing Address  
**P. O. BOX 2877  
LABELLE, FL 33975 US**

**40079967**



01182008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2226631**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$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

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
DUSCHEN, ANN MARIE  
6 MARINA DR  
LABELLE, FL 33935**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
LE BLANE, HENRY  
6644 ZIEGLER ST  
TAYLOR, MI 48780**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
MITCHELL, WESLEY  
1315 BIWOOD ROAD  
AMBLER, PA 19002**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TR  
WILLARD, BARBARA  
PO BOX 2298  
LABELLE, FL 33975**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:** *Barbara N. Willard*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/9/08**  
Date

**863-675-0779**  
Daytime Phone #