2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# 735492

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

Current Principal Place of Business:

381 SR 80 W
LABELLE, FL 33935 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 2877
LABELLE, FL 33975 US

New Mailing Address:

FEI Number: 59-2226631 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: ST ( ) Delete
Name: DUSCHEN, ANN MARIE
Address: 6 MARINA DR
City-St-Zip: LABELLE, FL 33935

Title: VP ( ) Delete
Name: LE BLANE, HENRY
Address: 6644 ZIEGLER ST
City-St-Zip: TAYLOR, MI 48780

Title: SD ( ) Delete
Name: MITCHELL, WESLEY
Address: 1315 BIWOOD ROAD
City-St-Zip: AMBLER, PA 19002

Title: TR ( ) Delete
Name: WILLARD, BARBARA
Address: PO BOX 2298
City-St-Zip: LABELLE, FL 33975

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change ( ) Addition
Name: ELLIS, DOROTHY B
Address: 1012 RIVER RUN #7
City-St-Zip: LABELLE, FL 33935

Title: VP (X) Change ( ) Addition
Name: LE BLANC, HENRY
Address: 6644 ZIEGLER ST
City-St-Zip: TAYLOR, MI 48780

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: BARBARA N WILLARD TR 03/19/2009
Electronic Signature of Signing Officer or Director Date