

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 735492

**FILED**  
**Mar 11, 2012**  
**Secretary of State**

**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:** PD  
**Name:** NOSEK, SUE  
**Address:** 1049 RIVER RUN #27  
**City-St-Zip:** LABELLE, FL 33935

**Title:** VPD  
**Name:** ELLIS, DOROTHY  
**Address:** 1012 RIVER RUN #7  
**City-St-Zip:** LABELLE, FL 33935

**Title:** D  
**Name:** CAPPOLA, JOAN  
**Address:** 1074 RIVER RUN #10  
**City-St-Zip:** LABELLE, FL 33935

I hereby 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 all other like empowered.

**SIGNATURE:** DOROTHY ELLIS

VPD

03/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date