

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N45237 (7)
 1. Corporation Name

HERITAGE VILLAGE MASTER UNIT OWNERS ASSOC., INC.



Principal Place of Business: **200 NE 4TH AVE OKEECHOBEE FL 34972-2981**
 Mailing Address: **200 NE 4TH AVE OKEECHOBEE FL 34972-2981**

3. Date Incorporated or Qualified: **09/20/1991**
 3a. Date of Last Report: **05/01/1995**
 4. FEI Number: **NOT APPLICABLE**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
 2a. Mailing Address: 26, 27, 28, 29, 30
 Suite, Apt. #, etc.:
 City & State:
 Zip: Country

9. Name and Address of Current Registered Agent
KENNEDY, ROBERT V.
200 NE 4TH AVE
OKEECHOBEE FL 34976

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	LAROSE, FERN	
STREET ADDRESS	3385 S.E. 2ND TERRACE	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CHAMPAGNE, FIDELE	
STREET ADDRESS	3385 S.E. 2ND TERRACE	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MILU, MARGE	
STREET ADDRESS	3385 S.E. 2ND TERRACE	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	COMTOIS, LEO	
STREET ADDRESS	3385 S.E. 2ND TERRACE	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BIENVENUE, ANDRE	
STREET ADDRESS	3385 S.E. 2ND TERRACE	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GREGOIRE, GARTAN	
STREET ADDRESS	3385 S.E. 2ND TERRACE	
CITY-ST-ZIP	OKEECHOBEE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TD MARCEL GAUTHIER
4.3 STREET ADDRESS	3385 S.E. 2ND TERRACE
4.4 CITY-ST-ZIP	OKEECHOBEE, FL 34974
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D HUBERT LETANG
5.3 STREET ADDRESS	3385 S.E. 2ND TERRACE
5.4 CITY-ST-ZIP	OKEECHOBEE, FL 34972
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Marge Milu* *MARGE MILU* 6-10-96 941-467-6676
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/95)