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May 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: 06/18/1996

| | | | |
|---|------------------------|--|--|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For |
| 21 3385 SE 2nd Terrace | 26 3385 SE 2nd Terrace | 65-0431644 | Not Applicable |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 23 Okeechobee, FL | 28 Okeechobee, FL | <input type="checkbox"/> | 6. Election Campaign Financing Trust Fund Contribution |
| 24 34974 | 25 U.S.A. | 29 34974 | 30 U.S.A. |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|---|--|---|--------------------------|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| KENNEDY, ROBERT V. 200 NE 4TH AVE OKEECHOBEE FL 34976 | | 81 Name | Fernand Larose |
| | | 82 Street Address (P.O. Box Number is Not Acceptable) | 3385 S.E. Second Terrace |
| | | 83 | |
| | | 84 City | Okeechobee |
| | | 85 State | FL |
| | | 86 Zip Code | 34974 |

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: *Fernand Larose* DATE: 04-23-97

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------|---|---|
| TITLE | DP | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LAROSE, FERN | 1.2 NAME | |
| STREET ADDRESS | 3385 S.E. 2ND TERRACE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | OKEECHOBEE FL | 1.4 CITY-ST-ZIP | |
| TITLE | VD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHAMPAGNE, FIDELE | 2.2 NAME | |
| STREET ADDRESS | 3385 S.E. 2ND TERRACE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | OKEECHOBEE FL | 2.4 CITY-ST-ZIP | |
| TITLE | S | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MILU, MARGE | 3.2 NAME | |
| STREET ADDRESS | 3385 S.E. 2ND TERRACE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | OKEECHOBEE FL | 3.4 CITY-ST-ZIP | |
| TITLE | TD | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARCEL GAUTHEIR | 4.2 NAME | |
| STREET ADDRESS | 3385 S.E. 2ND TERR. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | OKEECHOBEE FL | 4.4 CITY-ST-ZIP | |
| TITLE | D | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HUBERT LETANG | 5.2 NAME | |
| STREET ADDRESS | 3385 S.E. 2ND TERR. | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | OKEECHOBEE FL | 5.4 CITY-ST-ZIP | |
| TITLE | D | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GREGOIRE, GARTAN | 6.2 NAME | |
| STREET ADDRESS | 3385 S.E. 2ND TERRACE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | OKEECHOBEE FL | 6.4 CITY-ST-ZIP | |

14. I do 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 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.

CR2E037 (9/96)