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Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N45237** (7)
1. Corporation Name
HERITAGE VILLAGE MASTER UNIT OWNERS ASSOC., INC.



Principal Place of Business 3385 SE 2ND TERRACE OKEECHOBEE FL 34974 US	Mailing Address 3385 SE 2ND TERRACE OKEECHOBEE FL 34974 US
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country

3. Date Incorporated or Qualified 09/20/1991	
4. FEI Number 65-0431644	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**LAROSE, FERNAND
3385 SE SWCOND TERRACE
OKEECHOBEE FL 34974**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code FL

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	S	<input type="checkbox"/> DELETE
NAME	MILU, MARGE	
STREET ADDRESS	3385 S.E. 2ND TERRACE	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MARCEL GAUTHIER	
STREET ADDRESS	3385 S.E. 2ND TERR.	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUBERT LETANG	
STREET ADDRESS	3385 S.E. 2ND TERR.	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	3420 S.E. 2ND. TERRACE
2.4 CITY-ST-ZIP	OKEECHOBEE FL. 34974
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	3611 S.E. 2ND TERRACE
3.4 CITY-ST-ZIP	OKEECHOBEE FL 34974
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	T.D.
4.3 STREET ADDRESS	Egide MARCOUX
4.4 CITY-ST-ZIP	3381 SE. 2ND TERRACE OKEECHOBEE FL 34974
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	290 SE 37ND COURT
5.4 CITY-ST-ZIP	OKEECHOBEE FL. 34974
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	CLAIRE LAROSE
6.3 STREET ADDRESS	3385 SE. 2ND TERRACE
6.4 CITY-ST-ZIP	OKEECHOBEE FL. 34974

14. I 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.

SIGNATURE: *Fern Larose Pres.*

03.23.98

CR2E037 (10/97)