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Secretary of State

03-08-1999 90035 007 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N45237

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
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2. Principal Place of Business 21	2a. Mailing Address 26 <i>3355 S.E. 2nd Terrace</i>	3. Date Incorporated or Qualified <i>09/20/1991</i>
Suite, Apt. #, etc. 22	27 <i>Okeechobee Fl.</i>	4. FEI Number <i>65-0431644</i>
City & State 23	28 <i>34974 U.S.</i>	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	29	30
Country	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 <i>Milou Marge</i> 82 Street Address (P.O. Box Numbers Not Acceptable) <i>3611 S.E. 2nd Terrace</i> 83 <i>Okeechobee</i> 84 City <i>Okeechobee</i> FL 85 Zip Code <i>34974</i>
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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 *Margaret Milou* **MARGE MILU** 03-03-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LAROSE, FERN 3385 S.E. 2ND TERRACE OKEECHOBEE FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D.P. Rochoon Denis 3721 S.E. 2nd Terrace Fl. Okeechobee Fl. 34974 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHAMPAGNE, FIDELE 3420 SE 2ND TERRACE OKEECHOBEE FL 34974 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	V.D. Laliberti Jean-Louis 300 S.E. 34th Court Okeechobee Fl. 34974 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MILU, MARGE 3611 SE 2ND TERRACE OKEECHOBEE FL 34974 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	A.S.T. S.T.D. <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARCOUX, EGIDE 3281 SE 2ND TERRACE OKEECHOBEE FL 34974 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUBERT LETANG 290 SE 37TH COURT OKEECHOBEE FL 34974 <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	S.D. Auger Lucille 3460 S.E. 2nd Terrace Okeechobee Fl. 34974 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAROSE, CLAIRE 3385 S.E. 2ND TERRACE OKEECHOBEE FL 34974 <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D. Dunneville Jean-Marie 400 S.E. 32nd Court Okeechobee Fl. 34974 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: *Rochoon Denis* **ROCHOON DENIS** 03-03-99 *705-853-4608*
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/198)