

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90099 004 ****61.25

DOCUMENT # N45237

1. Entity Name

HERITAGE VILLAGE MASTER UNIT OWNERS ASSOC., INC.

Principal Place of Business

Mailing Address

3385 SE 2ND TERRACE
 OKEECHOBEE FL 34974
 US

3385 SE 2ND TERRACE
 OKEECHOBEE FL 34974-7502
 US

2. Principal Place of Business

3. Mailing Address

3355 SE. 2ND terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Okeechobee

4. FEI Number

65-0431644

Applied For

Not Applicable

Zip

Country

Zip

Country

34974

U.S.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILES, MARGE
3611 SE 2ND TERR
OKEECHOBEE FL 34974

Name

Milu, Marge

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Marge Milu

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** Delete
 NAME **ROCHON, DENIS**
 STREET ADDRESS **3721 SE 2ND TERR FL**
 CITY-ST-ZIP **OKEECHOBEE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **LAUBERTE, JEAN-LOUIS**
 STREET ADDRESS **300 SE 34TH CT**
 CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **ASTD** Delete
 NAME **MILU, MARGE**
 STREET ADDRESS **3611 SE 2ND TERRACE**
 CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **MARCOUX, EGIDE**
 STREET ADDRESS **3281 SE 2ND TERRACE**
 CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **AUGER, LUCILLE**
 STREET ADDRESS **3460 SE 2ND AVE TERR**
 CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **TUENNEVILLE, JEAN-MARIE**
 STREET ADDRESS **400 SE 32ND CT**
 CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE Change Addition
 NAME **D**
 STREET ADDRESS **LAUZON DENIS**
 CITY-ST-ZIP **440 S.E. 35TH Court**
Okeechobee Fl. 34974

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/00 (863)467-8279
 Date Daytime Phone #

CR2E037 (9/99)