

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N45237**

1. Entity Name

HERITAGE VILLAGE MASTER UNIT OWNERS ASSOC., INC.

APPROVED AND FILED
04-01-2002 90181 001 ***122.50
N45237

02 APR -1 PM 2:47-

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3355 S.E. 2ND TERRACE
OKEECHOBEE FL 34974
US

3355 S.E. 2ND TERRACE
OKEECHOBEE FL 34974
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0431644

Applied For

Not Applicable

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

~~MILU~~
~~MILES, MARGE~~
~~3811 SE 2ND TERR~~
~~OKEECHOBEE FL 34974~~

Name

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

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 **DEMERS, JEAN GUY**
STREET ADDRESS **340 SE 34TH COURT**
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** Delete
NAME **LALIBERTE, 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 **3811 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 **JEAN-PIERRE VIEAS**
STREET ADDRESS **3550 SE 2ND TERR**
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE **SD** Delete
NAME **AUGER, LUCILLE**
STREET ADDRESS **3480 SE 2ND AVE TERR**
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **DENIS, LAUSON**
STREET ADDRESS **440 S.E. 35TH COURT**
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REGISTERING OFFICER OR DIRECTOR

March 15/2002 Date **863 467-6676** Daytime Phone #

CR2E037 (9/01)