

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45237

FILED
Mar 10, 2011
Secretary of State

Entity Name: HERITAGE VILLAGE MASTER UNIT OWNERS ASSOC., INC.

Current Principal Place of Business:

3385 S.E. 2ND TERRACE
OKEECHOBEE, FL 34974 US

New Principal Place of Business:

Current Mailing Address:

3385 S.E. 2ND TERRACE
OKEECHOBEE, FL 34974 US

New Mailing Address:

FEI Number: 65-0431644

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SITLER, GARY
240 S.E. 37TH COURT
OKEECHOBEE, FL 34974 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP
Name: OUELLET, YVAN
Address: 3660 S.E. 6TH TERRACE
City-St-Zip: OKEECHOBEE, FL 34974

Title: VP
Name: ROCHON, DANIEL
Address: 235 S.E. 2ND TERRACE
City-St-Zip: OKEECHOBEE, FL 34974

Title: D
Name: REGIMBALD, PIERRETTE
Address: 435 S.E. 5TH TERRACE
City-St-Zip: OKEECHOBEE, FL 34974

Title: TD
Name: CYR, DIANE
Address: 3621 S.E. 6TH TERRACE
City-St-Zip: OKEECHOBEE, FL 34974

Title: SD
Name: GOULET, HELEN
Address: 3721 S.E. 4TH TERRACE
City-St-Zip: OKEECHOBEE, FL 34974

Title: D
Name: BOURASSA, ROGER
Address: 3210 S.E. 6TH TERRACE
City-St-Zip: OKEECHOBEE, FL 34974

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DIANE CYR

TD

03/10/2011

Electronic Signature of Signing Officer or Director

Date