

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 762895

**Entity Name:** HERITAGE VILLAGE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1101 82ND AVE  
VERO BEACH, FL 32966

**Current Mailing Address:**

917 COURIER ST  
VERO BEACH, FL 32966 US

**FEI Number:** 59-2181689

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BRUCE, JEAN M  
917 COURIER ST  
VERO BEACH, FL 32966 US

*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:** JEAN M BRUCE

01/26/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BRUCE, RICHARD C JR.  
Address        917 COURIER ST  
City-State-Zip: VERO BEACH FL 32966

Title            SECRETARY  
Name            O'NEIL, DIANNE  
Address        329 HERITAGE BLVD  
City-State-Zip: VERO BEACH FL 32966

Title            DIRECTOR  
Name            SINKO, KEN  
Address        105 CONGRESS ST  
City-State-Zip: VERO BEACH FL 32966

Title            ASST. SECRETARY  
Name            BRUCE, JEAN M  
Address        917 COURIER ST  
City-State-Zip: VERO BEACH FL 32966

Title            DIRECTOR  
Name            DRAPEAU, SANDRA  
Address        86 COMMONWEALTH AVE.  
City-State-Zip: VERO BEACH FL 32966

Title            DIRECTOR  
Name            LOCKARD, RICHARD  
Address        310 HERITAGE BLVD  
City-State-Zip: VERO BEACH FL 32966

Title            DIRECTOR, ALTERNATE  
Name            WARNER, ELAINE  
Address        342 HERITAGE BLVD.  
City-State-Zip: VERO BEACH FL 32966

Title            DIRECTOR, ALTERNATE  
Name            FLUCKIGER, DENNIS  
Address        822 CONCORD STREET  
City-State-Zip: VERO BEACH FL 32966

**Continues on page 2**

*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:** JEAN M BRUCE

ASST. SECRETARY

01/26/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           TREASURER / VP ACTIVITIES  
Name            LOCKARD, MILLIE  
Address         310 HERITAGE BLVD.  
City-State-Zip: VER BEACH FL 32966

Title            DIRECTOR  
Name            GLEW, CORRINE  
Address         604 LEXINGTON ST  
City-State-Zip: VERO BEACH FL 32966

Title            VP  
Name            TURKASZ, ED  
Address         301 HERITAGE ST  
City-State-Zip: VERO BEACH FL 32966

Title            DIRECTOR, ALTERNATE  
Name            LABOSETTE, MILISSA  
Address         360 HERITAGE BLVD  
City-State-Zip: VERO BEACH FL 32966