

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 762895

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

**Current Principal Place of Business:**

1101 RANCH ROAD  
VERO BEACH, FL 32966

**Current Mailing Address:**

563 PLYMOUTH STREET.  
VERO BEACH, FL 32966 US

**FEI Number: 59-2181689**

**Certificate of Status Desired: No**

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

CLAY, NINA  
711 JUSTICE 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: NINA CLAY**

**01/21/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name SHIELD, WILLIAM  
Address 1122 FRIENDSHIP DR  
City-State-Zip: VERO BEACH FL 32966

Title S  
Name ROSE, SALSBURY  
Address 414 UNION ST  
City-State-Zip: VERO BEACH FL 32966

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

Title DIRECTOR  
Name CLAY, JOHN DIRECTOR  
Address 711 JUSTICE STREET  
City-State-Zip: VERO BEACH FL 32966

Title DIRECTOR  
Name CLAY, NINA  
Address 711 JUSTICE ST.  
City-State-Zip: VERO BEACH FL 32966

Title DIRECTOR(ALT.)  
Name STE.MARIE, PAUL  
Address 563 PLYMOUTH STREET  
City-State-Zip: VERO BEACH FL 32966

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

Title TREASURER  
Name STE.MARIE, MARYANN  
Address 563 PLYMOUTH STREET  
City-State-Zip: VERO BEACH FL 32966

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*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: MARYANN STE.MARIE**

**TREASURER**

**01/21/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR, ALT  
Name            MURPHY, KAREN  
Address        905 COURIER ST  
City-State-Zip: VERO BEACH FL 32966

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