

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

DOCUMENT# N45237

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

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number: 65-0431644**

**Certificate of Status Desired: No**

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

FLORIDA ASSOCIATION ATTORNEYS  
824 W. INDIANTOWN ROAD  
JUPITER, FL 33455 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: JOSETTE KRITSCH**

**04/01/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name CLEMENT, RICHARD  
Address 3421 SE 6TH TERRACE  
City-State-Zip: OKEECHOBEE FL 34974

Title TREASURER  
Name CHOQUETTE, ANNE-MARIE  
Address 250 SE 37TH COURT  
City-State-Zip: OKEECHOBEE FL 34974

Title DIRECTOR  
Name METHOT, RAYMOND  
Address 3641 SE 6TH TERRACE  
City-State-Zip: OKEECHOBEE FL 34974

Title PRESIDENT  
Name ROCHON, DIANE R  
Address 391 SE 35TH CT  
City-State-Zip: OKEECHOBEE FL 34974

Title DIRECTOR  
Name BRETON, LISON  
Address 3581 SE 2ND TERRACE  
City-State-Zip: OKEECHOBEE FL 34974

Title SECRETARY  
Name KRITSCH, JOSETTE  
Address 450 SE 32ND CT  
City-State-Zip: OKEECHOBEE FL 34974

Title DIRECTOR  
Name CYR, DIANE  
Address 3621 SE 6TH TERRACE  
City-State-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: JOSETTE KRITSCH**

**SECRETARY GENERAL**

**04/01/2022**

Electronic Signature of Signing Officer/Director Detail

Date