2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45237

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

FILED Feb 22, 2016 Secretary of State CC1586102680

Date

Date

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 65-0431644 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CRAIG, LILLIAN GAIL 3575 S.E. 6TH TERRACE OKEECHOBEE, FL 34974 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: LILLIAN GAIL CRAIG 02/22/2016

Electronic Signature of Registered Agent

Officer/Director Detail:

Title PRESIDENT Title VI

NameBERGERON, DANIELNameDESJARDINS, DONALDAddress380 S.E. 34TH COURTAddress3690 S.E. 4TH TERRACECity-State-Zip:OKEECHOBEE FL 34974City-State-Zip:OKEECHOBEE FL 34974

TitleDIRECTORTitleTD, TREASURERNamePICARD, RAYMONDNameDUVAL, JEANNINE

Address 3440 S.E. 2 TH TERRACE Address 3421 S.E. 6TH TERRACE

City-State-Zip: OKEECHOBEE FL 34974 City-State-Zip: OKEECHOBEE FL 34974

Title DIRECTOR Title SECRETARY

NameMETHOT, RAYMONDNameROCHON, DIANE RAddress3641 SE 6TH TERRACEAddress391 SE 35TH CT

City-State-Zip: OKEECHOBEE FL 34974 City-State-Zip: OKEECHOBEE FL 34974

Title DIRECTOR

Name GEMME, ADRIEN

Address 291 SE 35TH CT

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: DIANE R ROCHON SECRETARY GENERAL 02/22/2016

Electronic Signature of Signing Officer/Director Detail