2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45237

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

FILED Mar 17, 2017 Secretary of State CC0010368468

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 03/17/2017

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT Title VF

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

TitleDIRECTORTitleTD, TREASURERNameLAPALME, JACQUESNameDUVAL, JEANNINE

Address 490 SE 37TH COURT 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 SIMONEAU, KEN

Address 320 SE 32ND COURT

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 ROCHON SECRETARY GENERAL 03/17/2017

Electronic Signature of Signing Officer/Director Detail