

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

DOCUMENT# N45237

**FILED**  
**Mar 01, 2019**  
**Secretary of State**  
**2776834948CC**

**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: Yes**

**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

03/01/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BERGERON, DANIEL  
Address        380 S.E. 34TH COURT  
City-State-Zip: OKEECHOBEE FL 34974

Title            VP  
Name            DESJARDINS, DONALD  
Address        3690 S.E. 4TH TERRACE  
City-State-Zip: OKEECHOBEE FL 34974

Title            TD, TREASURER  
Name            PEPIN, LOUISE  
Address        3491 SE 6TH TERRACE  
City-State-Zip: OKEECHOBEE FL 34974

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

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

Title            DIRECTOR  
Name            OUELLET, YVAN  
Address        3660 S.E. 6TH TERRACE  
City-State-Zip: OKEECHOBEE FL 34974

Title            DIRECTOR  
Name            GODBOUT, ALAIN  
Address        3460 S.E. 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:** DIANE ROCHON

**SECRETARY GENERA;**

03/01/2019

Electronic Signature of Signing Officer/Director Detail

Date