

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45237

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

FILED
Feb 19, 2020
Secretary of State
1187114471CC

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

02/19/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name CLÉMENT, RICHARD
Address 380 SE 33RD CT
City-State-Zip: OKEECHOBEE FL 34974

Title TREASURER
Name LALONDE, DANIEL
Address 3720 SE 3RD TERRACE
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 GODBOUT, ALAIN
Address 3460 S.E. 6TH 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: DIANE ROCHON

PRESIDENT

02/19/2020

Electronic Signature of Signing Officer/Director Detail

Date