2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45237

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

FILED Mar 07, 2014 **Secretary of State** CC8099447978

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 03/07/2014

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title Title

BERGERON, DANIEL Name Name DESJARDINS, DONALD 380 S.E. 34TH COURT 3690 S.E. 4TH TERRACE Address Address City-State-Zip: OKEECHOBEE FL 34974 OKEECHOBEE FL 34974 City-State-Zip:

Title TD Title D

Name CYR, DIANE Name PICARD, RAYMOND

Address 3621 S.E. 6TH TERRACE Address 3440 S.E. 2 TH TERRACE OKEECHOBEE FL 34974 City-State-Zip: OKEECHOBEE FL 34974 City-State-Zip:

Title Title SD

Name MARION, GISÈLE Name **DUVAL. JEANNINE**

Address 3640 S.E. 2TH TERRACE 3421 S.E. 6TH TERRACE Address OKEECHOBEE FL 34974

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

Title DIRECTOR

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

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.

03/07/2014 SIGNATURE: JEANNINE DUVAL SECRETARY GENERAL