## **2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N45237

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

FILED Feb 13, 2021 Secretary of State 3863426375CC

# **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 02/13/2021

Electronic Signature of Registered Agent

Date

## Officer/Director Detail:

Title VP Title TREASURER

Name CLÉMENT, RICHARD Name LALONDE, DANIEL

Address 380 SE 33RD CT Address 3720 SE 3RD TERRACE

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

Title DIRECTOR Title PRESIDENT

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

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

Title DIRECTOR Title SECRETARY

Name GODBOUT, ALAIN Name KRITSCH, JOSETTE

Address 3460 S.E. 6TH TERRACE Address 450 SE 32ND CT

City-State-Zip: OKEECHOBEE FL 34974 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: JOSETTE KRITSCH SECRETARY GENERAL 02/13/2021