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FILED
May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N45236 (9)

1. Corporation Name

HERITAGE VILLAGE R.V. CONDO. UNIT OWNERS ASSOC.,
INC.

Principal Place of Business

200 NE 4TH AVE
OKEECHOBEE FL 34972-2961

Mailing Address

200 NE 4TH AVE
OKEECHOBEE FL 34972-2961

3. Date Incorporated or Qualified
09/20/1991

3a. Date of Last Report
06/18/1996

2. Principal Place of Business

21 3385 SE. 2nd Terrace

2a. Mailing Address

26 3385 SE 2nd Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Okeechobee FL

28 Okeechobee FL

Zip

Country

Zip

Country

24 34974

25 USA

29 34974

30 U.S.A.

4. FEI Number

65-0431656

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KENNEDY, ROBERT V.

200 NE 4TH AVE

OKEECHOBEE FL 34976

81 Name

Fernando Larose

82 Street Address (P.O. Box Number is Not Acceptable)

3385 SE Second Terrace

83

84 City

Okeechobee

FL

85 Zip Code

34974

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

04-23-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME LAROSE, FERN
STREET ADDRESS 3385 S.E. 2ND TERRACE
CITY-ST-ZIP OKEECHOBEE FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE VD
NAME CHAMPAGNE, FIDELE
STREET ADDRESS 3385 SE 2ND TERR
CITY-ST-ZIP OKEECHOBEE FL

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE SD
NAME MILU, MARGE
STREET ADDRESS 3385 S.E. 2ND TERRACE
CITY-ST-ZIP OKEECHOBEE FL

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE TD
NAME MARCEL GAUTHIER
STREET ADDRESS 3385 S.E. 2ND TERRACE
CITY-ST-ZIP OKEECHOBEE FL

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D
NAME HUBERT LETANG
STREET ADDRESS 3385 S.E. 2ND TERRACE
CITY-ST-ZIP OKEECHOBEE FL

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D
NAME GREGOIRE, GARTAN
STREET ADDRESS 3385 SE 2ND TERRACE
CITY-ST-ZIP OKEECHOBEE FL

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0071344

CR2E037 (9/96)