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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N45236

1. Corporation Name

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

Principal Place of Business

Mailing Address

3385 SE 2ND TERR
 OKEECHOBEE FL 34974
 US

3385 SE 2ND TERR
 OKEECHOBEE FL 34974
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

09/20/1991

4. FEI Number

65-0431656

Applied For
 Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Election Campaign Financing



\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

LAROSE, FERNAND
 3385 SE SECOND TERR
 OKEECHOBEE FL 34974

10. Name and Address of New Registered Agent

81 Name

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

83 City

84 Zip Code

FL

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

Margaret Milu

MARGE MILU

03-03-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☒ DELETE

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

TITLE VD ☒ DELETE

NAME CHAMPAGNE, FIDELE
 STREET ADDRESS 3420 SE 2ND TERR
 CITY-ST-ZIP OKEECHOBEE FL 34974

TITLE SD ☐ DELETE

NAME MILU, MARGE
 STREET ADDRESS 3611 SE 2ND TERR
 CITY-ST-ZIP OKEECHOBEE FL 34974

TITLE TD ☐ DELETE

NAME EGIDE MARCOUX
 STREET ADDRESS 3281 SE 6TH TERR
 CITY-ST-ZIP OKEECHOBEE FL 34974

TITLE D ☒ DELETE

NAME HUBERT LETANG
 STREET ADDRESS 290 SE 37TH CT
 CITY-ST-ZIP OKEECHOBEE FL 34974

TITLE D ☒ DELETE

NAME CLAIRE LAROSE
 STREET ADDRESS 3385 SE 2ND TERRACE
 CITY-ST-ZIP OKEECHOBEE FL 34974

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D.P. ☒ Change ☐ Addition

1.2 NAME Rochon Denis
 1.3 STREET ADDRESS 3721 S.E. 2nd Terrace
 1.4 CITY-ST-ZIP Okeechobee Fl. 34974

2.1 TITLE V.D. ☒ Change ☐ Addition

2.2 NAME Galiberti Jean-Louis
 2.3 STREET ADDRESS 300 S.E. 34th Court
 2.4 CITY-ST-ZIP Okeechobee Fl. 34974

3.1 TITLE ASST. S.T.D. ☐ Change ☐ Addition

3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE S.D. ☒ Change ☐ Addition

5.2 NAME Auger Lucille
 5.3 STREET ADDRESS 3460 S.E. 2nd. Terrace
 5.4 CITY-ST-ZIP Okeechobee Fl. 34974

6.1 TITLE D. ☒ Change ☐ Addition

6.2 NAME Duennerville Jean-Marie
 6.3 STREET ADDRESS 400 S.E. 32nd. Court
 6.4 CITY-ST-ZIP Okeechobee Fl. 34974

14. I 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, with all other like empowered.

SIGNATURE

Denis Rochon
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROCHON DENIS

Date

03-03-99

Daytime Phone #

705-853-4608
 941-467-8279

CR2E037 (11/98)