

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N45236**

1. Entity Name

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

Principal Place of Business

Mailing Address

**3385 SE 2ND TERR  
OKEECHOBEE FL 34974  
US**

**3355 S E 2ND TERR  
OKEECHOBEE FL 34974-7502  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILER, MARGE  
3611 SE 2ND TERR  
OKEECHOBEE FL 34974**

Name **MILU, MARGE**  
Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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 *Marge Milu*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Delete  
NAME **ROCHON, DENIS**  
STREET ADDRESS **3721 SE 2ND TERR**  
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD** ☐ Delete  
NAME **LALIBERTE', JEAN-LOUIS**  
STREET ADDRESS **300 SE 34TH COURT**  
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **AST** ☐ Delete  
NAME **MILU, MARGE**  
STREET ADDRESS **3611 SE 2ND TERR**  
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD** ☐ Delete  
NAME **EGIDE MARCOUX**  
STREET ADDRESS **3281 SE 6TH TERR**  
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD** ☐ Delete  
NAME **AUGER, LUCILLE**  
STREET ADDRESS **3460 SE 2ND TERR**  
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD** ☒ Delete  
NAME **TUENNEVILLE, JEAN-MARIE**  
STREET ADDRESS **400 SE 32ND COURT**  
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE ☒ Change ☒ Addition  
NAME **LAUZON DENIS**  
STREET ADDRESS **440 S.E. 35 TH Court**  
CITY-ST-ZIP **Okeechobee F.L. 34974**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Signature of Denis Lauzon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/11/00

(863)462-8279

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90130 025 \*\*\*\*61.25

**C0022276**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0431656** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

CR2E037 (9/99)