

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45236

1. Entity Name

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

Principal Place of Business

Mailing Address

3385 SE 2ND TERR  
OKEECHOBEE FL 34974  
US

3355 S E 2ND TERR  
OKEECHOBEE FL 34974  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0431656

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILU, MARGE  
3611 SE 2ND TERR  
OKEECHOBEE FL 34974

Name

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

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 DEMERS, JEAN GUY  
STREET ADDRESS 340 SOUTHEAST 34TH COURT  
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 TD ☒ Change ☐ Addition  
NAME JEAN-PIERRE VIENS  
STREET ADDRESS 3550 SE 2ND TERR  
CITY-ST-ZIP OKEECHOBEE FL 34974

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 D ☐ Delete  
NAME LAUZON, DENIS  
STREET ADDRESS 440 SE 35TH CT  
CITY-ST-ZIP OKEECHOBEE FL 34974

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 01, 2002 8:00 am  
Secretary of State

04-01-2002 90181 001 \*\*\*122.50



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)