

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45236

FILED  
Mar 16, 2005  
Secretary of State

**Entity Name:** HERITAGE VILLAGE R.V. CONDO. UNIT OWNERS ASSOC., INC.

**Current Principal Place of Business:**

3385 SE 2ND TERR  
OKEECHOBEE, FL 34974 US

**New Principal Place of Business:**

**Current Mailing Address:**

3355 S E 2ND TERR  
OKEECHOBEE, FL 34974 US

**New Mailing Address:**

**FEI Number:** 65-0431656

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MILU, MARGE  
3611 SE 2ND TERR  
OKEECHOBEE, FL 34974 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: LALIBERTE, JEAN-LOUIS  
Address: 300 SE 34TH COURT  
City-St-Zip: OKEECHOBEE, FL 34974

Title: VD ( ) Delete  
Name: LAPIERRE, EDDY  
Address: 3400 SE 2TH TERRACE  
City-St-Zip: OKEECHOBEE, FL 34974

Title: D ( ) Delete  
Name: BOURGEOIS, GERMAI  
Address: 3721 SE 5TH TERRACE  
City-St-Zip: OKEECHOBEE, FL 34974

Title: TD ( ) Delete  
Name: ROY, HECTOR  
Address: 305, SE 37TH COURT  
City-St-Zip: OKEECHOBEE, FL 34974

Title: SD ( ) Delete  
Name: AUGER, LUCILLE  
Address: 3460 SE 2TH TERRACE  
City-St-Zip: OKEECHOBEE, FL 34974

Title: D (X) Delete  
Name: RENAUD, JEAN-PIERRE  
Address: 3701 SE 6TH TERRACE  
City-St-Zip: OKEECHOBEE, FL 34974

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: HECTOR ROY

TD

03/16/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date