

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 20 AM 11:23

DOCUMENT # **765634** (1)
1. Corporation Name
KANUGA VILLAGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
POST OFFICE BOX 700 434 POST OFFICE BOX 700 434
ST. CLOUD FL 34770 ST. CLOUD FL 34770

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/02/1982	3a. Date of Last Report 04/08/1994
4. FEI Number 59-2175129	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
REICH, MARVEL J
1874 BRAMBLEWOOD DR
ST CLOUD FL 34769

10. Name and Address of New Registered Agent
81 Name **Reich, Marvel J.**
82 Street Address (P.O. Box Number is Not Acceptable)
1874 Bramblewood Dr.
83 **St. Cloud, FL 34769**
84 City **ST. CLOUD, FL 347** 85 Zip Code **FL 34769**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Marvel J. Reich DATE: 1/20/95
Signature, typed or printed name of registered agent, if applicable. (NOTE: Registered Agent signature required when resigning.)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD REICH, MARVEL J 1874 BRAMBLEWOOD DR ST. CLOUD FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WALTERS, HUGH D 2301 DARBY LN ST. CLOUD FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ANDERSON, FRANK A 2275 DARBY LN ST. CLOUD FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ROPERO, GLORIA 2345 DARBY LN ST. CLOUD FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PETRUZZI, LOUIS A 2015 BRAMBLEWOOD DR ST. CLOUD FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HART, WILLIAM N JR 2395 WEKIVA LN ST. CLOUD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition PD Reich, Marvel J. 1874 Bramblewood DR St. Cloud, FL
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition VD Walters, Hugh D. 2301 Darby Ln St. Cloud, FL
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TD Andersen, Frank A 2275 Darby Ln St. Cloud, FL
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SD Hunt, Catherine 1842 Cactus CT St. Cloud FL
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D Petruzzi, Louis A 2015 Bramblewood DR St. Cloud, FL
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Ropero, Gloria 2345 Darby Ln ST CLOUD, FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Marvel J. Reich Marvel J. Reich DATE: 1/20/95 407-957-1625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Typed Name)
PRESIDENT