

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 765634 (1)

1. Corporation Name  
**KANUGA VILLAGE HOMEOWNERS ASSOCIATION, INC.**



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

3. Date Incorporated or Qualified: 11/02/1982  
3a. Date of Last Report: 02/20/1995

21	2. Principal Place of Business	2a.	Mailing Address	4.	FEI Number	Applied For							
		26			59-2175129	Not Applicable							
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	\$8.75 Additional Fee Required							
					<input type="checkbox"/>								
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees							
					<input type="checkbox"/>								
24	Zip	25	Country	29	Zip	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
REICH, MARVEL J 1874 BRAMBLEWOOD DR ST CLOUD FL 34769				81	Name	Severance, Roy B.	
				82	Street Address (P.O. Box Number is Not Acceptable)	2290 Temple Lane	
				83		Saint Cloud, FLA. 34769	
				84	City	Saint Cloud,	FL 85 Zip Code 34769

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: *Roy Severance* 1/27/96  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	Pres.	Severance, Roy B.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REICH, MARVEL J			1.2 NAME		2290 Temple Lane	
STREET ADDRESS	1874 BRAMBLEWOOD DR			1.3 STREET ADDRESS		St. Cloud, FL 34769	
CITY-ST-ZIP	ST. CLOUD FL			1.4 CITY-ST-ZIP			
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VP	Colleen Ronan	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTERS, HUGH D			2.2 NAME		2420 Wekiva Crt.	
STREET ADDRESS	2301 DARBY LN			2.3 STREET ADDRESS		St. Cloud, FLA 34769	
CITY-ST-ZIP	ST. CLOUD FL			2.4 CITY-ST-ZIP			
TITLE	TD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	TREASURER		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSEN, FRANK A.			3.2 NAME		Dorothy Delemeter	
STREET ADDRESS	2275 DARBY LN			3.3 STREET ADDRESS		2040 Crsytal Lane	
CITY-ST-ZIP	ST. CLOUD FL			3.4 CITY-ST-ZIP		St. Ckoud, Fla 34769	
TITLE	SD	<input type="checkbox"/> DELETE		4.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNT, CATHERINE			4.2 NAME		remains same	
STREET ADDRESS	1842 CACTUS CT.			4.3 STREET ADDRESS			
CITY-ST-ZIP	ST. CLOUD FL			4.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	Director		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETRUZZI, LOUIS A			5.2 NAME		Jean Liekhus	
STREET ADDRESS	2015 BRAMBLEWOOD DR			5.3 STREET ADDRESS		2445 Lakota Lane	
CITY-ST-ZIP	ST. CLOUD FL			5.4 CITY-ST-ZIP		St. Cloud, Fla 34769	
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	Director		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROPERO, GLORIA			6.2 NAME		Audrey Anderson	
STREET ADDRESS	2345 DARBY LANE			6.3 STREET ADDRESS		2275 Darby Lane	
CITY-ST-ZIP	ST. CLOUD FL			6.4 CITY-ST-ZIP		St. Cloud, FL 34769	

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 119.07(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: *Roy Severance* 1/27/96 407-957-5614  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)