

FILE NOW: FILING FEE IS \$61.25

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Feb 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address  
POST OFFICE BOX 700 434 POST OFFICE BOX 700 434  
ST. CLOUD FL 34770 ST. CLOUD FL 34770-0434

3. Date Incorporated or Qualified 11/02/1982 3a. Date of Last Report 02/01/1996

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SEVERANCE, ROY B.  
2290 TEMPLE LANE  
SAINT CLOUD FL 34769

81	Name	W. Wallace Rogers
82	Street Address (P.O. Box Number is Not Acceptable)	2310 LAKOTA LN.
83		
84	City	ST. CLOUD, FL
85	Zip Code	34769

11. Pursuant to the provisions of Sections 617.030 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 regulations of Section 617.0503, Florida Statutes.

SIGNATURE: *W. Wallace Rogers* W. WALLACE ROGERS 1-30-97  
Signature typed or printed name of registered agent (delete if applicable). (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEVERANCE, ROY B.	1.2 NAME	W. WALLACE ROGERS
STREET ADDRESS	2290 TEMPLE LANE	1.3 STREET ADDRESS	2310 LAKOTA LN
CITY-ST-ZIP	ST. CLOUD FL	1.4 CITY-ST-ZIP	ST. CLOUD, FL 34769
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RONAN, COLLEEN	2.2 NAME	THOMAS HYLOCK
STREET ADDRESS	2420 WEKIVA CRT.	2.3 STREET ADDRESS	2322 Temple
CITY-ST-ZIP	ST. CLOUD FL	2.4 CITY-ST-ZIP	ST. CLOUD, FL 34769
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELEMETER, DOROTHY	3.2 NAME	MARTHA M. PROHASKA
STREET ADDRESS	2040 CRYSTAL LANE	3.3 STREET ADDRESS	1864 BRAMBLEWOOD DR.
CITY-ST-ZIP	ST. CLOUD FL	3.4 CITY-ST-ZIP	ST. CLOUD, FL 34769
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNT, CATHERINE	4.2 NAME	
STREET ADDRESS	1842 CACTUS CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. CLOUD FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIEKHUS, JEAN	5.2 NAME	BILLY WILLIAMS
STREET ADDRESS	2445 LAKOTA LANE	5.3 STREET ADDRESS	2015 BRAMBLEWOOD DR
CITY-ST-ZIP	ST. CLOUD FL	5.4 CITY-ST-ZIP	ST. CLOUD, FL 34769
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, AUDREY	6.2 NAME	Glenda Pruitt
STREET ADDRESS	2275 DARBY LANE	6.3 STREET ADDRESS	1961 CRYSTAL
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *W. Wallace Rogers* W. WALLACE ROGERS 1-30-97

CR2E037 (9/96)