

FILE NOW: FILING FEE IS \$61.25

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Mar 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 765634 (1)**  
1. Corporation Name  
**KANUGA VILLAGE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>POST OFFICE BOX 700 434 ST. CLOUD FL 34770</b>	Mailing Address <b>POST OFFICE BOX 700 434 ST. CLOUD FL 34770</b>
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3. Date Incorporated or Qualified <b>11/02/1982</b>	
4. FEI Number <b>59-2894470</b> <del>59-2475120</del>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

**9. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

<b>81</b> Name	<b>W. WALLACE ROGERS</b>
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	<b>2310 Lakota Lane</b>
<b>83</b>	
<b>84</b> City	<b>St. Cloud, FL</b>
<b>85</b> Zip Code	<b>34769</b>

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 *W. Wallace Rogers* **W. WALLACE ROGERS** 01/13/98  
Signature, typed or printed name of registered agent and the applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE <b>P</b>	<input type="checkbox"/> DELETE
NAME <b>SEVERANCE, ROY B.</b>	
STREET ADDRESS <b>2290 TEMPLE LANE</b>	
CITY-ST-ZIP <b>ST. CLOUD FL</b>	
TITLE <b>VP</b>	<input type="checkbox"/> DELETE
NAME <b>RONAN, COLLEEN</b>	
STREET ADDRESS <b>2420 WEKIVA CRT.</b>	
CITY-ST-ZIP <b>ST. CLOUD FL</b>	
TITLE <b>T</b>	<input type="checkbox"/> DELETE
NAME <b>DELEMETER, DOROTHY</b>	
STREET ADDRESS <b>2040 CRYSTAL LANE</b>	
CITY-ST-ZIP <b>ST. CLOUD FL</b>	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE
NAME <b>HUNT, CATHERINE</b>	
STREET ADDRESS <b>1842 CACTUS CT.</b>	
CITY-ST-ZIP <b>ST. CLOUD FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>LIEKHUS, JEAN</b>	
STREET ADDRESS <b>2445 LAKOTA LANE</b>	
CITY-ST-ZIP <b>ST. CLOUD FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>ANDERSON, AUDREY</b>	
STREET ADDRESS <b>2275 DARBY LANE</b>	
CITY-ST-ZIP <b>ST. CLOUD FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>W. WALLACE ROGERS</b>
1.3 STREET ADDRESS	<b>2310 Lakota Lane</b>
1.4 CITY-ST-ZIP	<b>St. Cloud, FL 34769</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>THOMAS HYLOCK</b>
2.3 STREET ADDRESS	<b>2322 TEMPLE</b>
2.4 CITY-ST-ZIP	<b>ST. CLOUD, FL 34769</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>MARTHA M. PROHASKA</b>
3.3 STREET ADDRESS	<b>1864 BRAMBLEWOOD DR.,</b>
3.4 CITY-ST-ZIP	<b>ST. CLOUD, FL 34769</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>CHERYL WITT</b>
5.3 STREET ADDRESS	<b>1960 CRYSTAL LANE</b>
5.4 CITY-ST-ZIP	<b>St. CLOUD, FL 34769</b>
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>JEFFREY MYERS</b>
6.3 STREET ADDRESS	<b>1992 CRYSTAL LANE</b>
6.4 CITY-ST-ZIP	<b>St. CLOUD, FL 34769</b>

14. 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 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** 01-13-98 407 891 9344

CR2E037 (10/97)