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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 765634

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
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2. Principal Place of Business 21	2a. Mailing Address 26 P.O. BOX 700434	3. Date Incorporated or Qualified 11/02/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2894470 Applied For Not Applicable
City & State 23	City & State 28 St. Cloud, Fl., 34770	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
	Zip 29	Country 30 U.S.A.

9. Name and Address of Current Registered Agent ROGERS, WALLACE W 2310 LAKOTA LANE ST CLOUD FL 34769	10. Name and Address of New Registered Agent 81 Name William G. Bucholtz 82 Street Address (P.O. Box Number is Not Acceptable) 1978 Crystal Lane 83 84 City St. Cloud, FL 85 Zip Code 34769
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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 William G. Bucholtz DATE February, 1999

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROGERS, WALLACE W		1.2 NAME William G. Bucholtz	
STREET ADDRESS 2310 LAKOTA LANE		1.3 STREET ADDRESS 1978 Crystal Lane	
CITY-ST-ZIP ST. CLOUD FL 34769		1.4 CITY-ST-ZIP St. Cloud, Fl., 34769	
TITLE VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE V	Vice-President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HYLOCK, THOMAS		2.2 NAME Robert P. Lantz	
STREET ADDRESS 2322 TEMPLE		2.3 STREET ADDRESS 2220 Darby Lane	
CITY-ST-ZIP ST. CLOUD FL 34769		2.4 CITY-ST-ZIP St. Cloud, Fl., 34769	
TITLE T	<input checked="" type="checkbox"/> DELETE	3.1 TITLE T	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PROHASKA, MARTHA M		3.2 NAME Glenda W. Pruitt	
STREET ADDRESS 1864 BRAMBLEWOOD DR		3.3 STREET ADDRESS 1961 Crystal Lane	
CITY-ST-ZIP ST. CLOUD FL 34769		3.4 CITY-ST-ZIP St. Cloud, Fl., 34769	
TITLE SD	<input type="checkbox"/> DELETE	4.1 TITLE S	Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HUNT, CATHERINE		4.2 NAME Catherine M. Hunt	
STREET ADDRESS 1842 CACTUS CT.		4.3 STREET ADDRESS 1842 Cactus Court	
CITY-ST-ZIP ST. CLOUD FL		4.4 CITY-ST-ZIP St. Cloud, Fl., 34769	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE S	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WITT, CHERYL		5.2 NAME Ann Keenan	
STREET ADDRESS 1960 CRYSTAL LANE		5.3 STREET ADDRESS 2342 Temple Lane	
CITY-ST-ZIP ST. CLOUD FL 34769		5.4 CITY-ST-ZIP St. Cloud, Fl., 34769	
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE D	Anthony Venegas <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MYERS, JEFFREY		6.2 NAME Anthony Venegas	
STREET ADDRESS 1992 CRYSTAL LANE		6.3 STREET ADDRESS 1870 Cactus Court	
CITY-ST-ZIP ST. CLOUD FL 34769		6.4 CITY-ST-ZIP St. Cloud, Fl., 34769	

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, with all other like empowered.

SIGNATURE: William G. Bucholtz DATE: February, 1999 891-8783

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Daytime Phone #

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KANUGA VILLAGE HOMEOWNERS ASSOCIATION, INC.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
IN 12
D Jean Liekhus ADDITION.
2445 Lakota Lane
St. Cloud, Fl., 34769

William G. Bucholtz

WILLIAM G. BUCHOLTZ