

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90091 035 ****61.25

0082657

DOCUMENT # 765634

1. Entity Name
KANUGA VILLAGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business POST OFFICE BOX 700 434 ST. CLOUD FL 34770	Mailing Address POST OFFICE BOX 700434 ST. CLOUD FL 34770
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2894470	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**BRUEGGMANN, DAVID
 2398 TEMPLE LN
 ST CLOUD FL 34769**

7. Name and Address of New Registered Agent
 Name **DAVID BRUEGGEMANN**
 Street Address (P.O. Box Number is Not Acceptable) **2398 TEMPLE LN**
ST. CLOUD
 City **FL** Zip Code **34769**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *X David Brueggemann* **DAVID BRUEGGEMANN** **1/7/01**
Signature, typed or printed name of registered agent and applicable. (NOTE: Registered Agent signature required when re-electing) DATE

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VENEGAS, 1870 CACTUS COURT ST. CLOUD FL 34769	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRUEGGEMANN BRUEGGEMANN, DAVID 2368 TEMPLE LN SAINT CLOUD FL 34769	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REICH, MARVEL 1874 BRAMBLEWOOD DR SAINT CLOUD FL 34769	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHAUGER, ROY 1810 CACTUS SAINT CLOUD FL 34769	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROGERS, KATHYRN 2310 LAKOT LN SAINT CLOUD FL 34769	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LICKHUS, JRN 2445 LAKOTA LN SAINT CLOUD FL 34769	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY CATHERINE HUNT 1842 CACTUS CT. ST. CLOUD, FL 34769	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. VERNON KUFUHL 2420 TEMPLE LN ST. CLOUD, FL 34769	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Audrey ANDERSEN 2275 DADBY LN. ST. CLOUD, FL 34769	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. RANDAL WHITE 2001 CRYSTAL LN. ST. CLOUD, FL. 34769	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X David Brueggemann* **DAVID BRUEGGEMANN** **1/7/01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)