

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91399 002 ****61.25

0089898

DOCUMENT # 765634

1. Entity Name

KANUGA VILLAGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**POST OFFICE BOX 700 434
 ST. CLOUD FL 34770**

**POST OFFICE BOX 700434
 ST. CLOUD FL 34770**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2894470

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRUEGGEMANN, DAVID
 2398 TEMPLE LN
 ST CLOUD FL 34769**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **S** Delete
 NAME ~~HUNT, CATHERINE~~
 STREET ADDRESS **1870 CACTUS COURT**
 CITY-ST-ZIP **ST. CLOUD FL 34769**

TITLE **Secretary** Change Addition
 NAME **Raffen, Joyce**
 STREET ADDRESS **2030 Crystal Lane**
 CITY-ST-ZIP **St. Cloud, FL 34769**

TITLE **P** Delete
 NAME **BRUEGGEMANN, DAVID**
 STREET ADDRESS **2368 TEMPLE LN**
 CITY-ST-ZIP **SAINT CLOUD FL 34769**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** Delete
 NAME ~~REICH, MARVEL~~
 STREET ADDRESS **1874 BRAMBLEWOOD DR**
 CITY-ST-ZIP **SAINT CLOUD FL 34769**

TITLE **Treasurer** Change Addition
 NAME **Rogers, Kay**
 STREET ADDRESS **2310 Lakota Lane**
 CITY-ST-ZIP **St. Cloud, FL 34769**

TITLE **VP** Delete
 NAME **SHAUGER, ROY**
 STREET ADDRESS **1810 CACTUS**
 CITY-ST-ZIP **SAINT CLOUD FL 34769**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **KUFAHL, VERNON**
 STREET ADDRESS **2420 TEMPLE LN**
 CITY-ST-ZIP **SAINT CLOUD FL 34769**

TITLE **D** Change Addition
 NAME **Arruda, Karen**
 STREET ADDRESS **2000 Crystal Lane**
 CITY-ST-ZIP **St. Cloud, FL 34769**

TITLE **D** Delete
 NAME ~~ANDERSEN, AUDREY~~
 STREET ADDRESS **2275 DARRY LN**
 CITY-ST-ZIP **SAINT CLOUD FL 34769**

TITLE **D** Change Addition
 NAME **Pruitt, Glenda**
 STREET ADDRESS **1961 Crystal Lane**
 CITY-ST-ZIP **St. Cloud, FL 34769**

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: *David Brueggemann* **DAVID BRUEGGEMANN** 3/17/02 407-957-3576

CR2E037 (9/01)