


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90020 027 \*\*\*\*61.25

**44011524**



<b>DOCUMENT # 765634</b>					
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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-2894470				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>David E. Brueggemann</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOOK, JEFF		NAME	DEROSS, KENDRA	
STREET ADDRESS	1884 BRAMBLEWOOD DR		STREET ADDRESS	2380 MISSOURI AVENUE	
CITY-ST-ZIP	SAINT CLOUD, FL 34769		CITY-ST-ZIP	ST. CLOUD, FL 34769	
TITLE	P	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRUEGGEMANN, DAVID		NAME	<i>Kufahl, VERN</i>	
STREET ADDRESS	2368 TEMPLE LN		STREET ADDRESS	<i>2420 TEMPLE LANE</i>	
CITY-ST-ZIP	SAINT CLOUD, FL 34769		CITY-ST-ZIP	<i>St. Cloud, FL 34769</i>	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, KAY		NAME		
STREET ADDRESS	2310 LAKOTA LANE		STREET ADDRESS		
CITY-ST-ZIP	SAINT CLOUD, FL 34769		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAUGER, ROY		NAME	SHAUGER, ROY	
STREET ADDRESS	1810 CACTUS		STREET ADDRESS	1175 LIZA STREET	
CITY-ST-ZIP	SAINT CLOUD, FL 34769		CITY-ST-ZIP	ST. CLOUD, FL 34771	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARRUDA, KAREN		NAME		
STREET ADDRESS	2000 CRYSTAL LANE		STREET ADDRESS		
CITY-ST-ZIP	SAINT CLOUD, FL 34769		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRUITT, GLENDA		NAME		
STREET ADDRESS	1961 CRYSTAL LANE		STREET ADDRESS		
CITY-ST-ZIP	SAINT CLOUD, FL 34769		CITY-ST-ZIP		
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: <i>Karen Arruda, Secretary</i>				Date: <i>2/14/04</i> Daytime Phone #: <i>407-891-0391</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					