


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2005 8:00 am
Secretary of State

07-13-2005 90016 025 ****61.25

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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 7, 2005		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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEROSS, KENDRA		NAME	KUFAHL, VERN	
STREET ADDRESS	2380 MISSOURI AVENUE		STREET ADDRESS	2420 TEMPLE LANE	
CITY-ST-ZIP	SAINT CLOUD, FL 34769		CITY-ST-ZIP	SAINT CLOUD, FL 34769	
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUEGGEMANN, DAVID		NAME		
STREET ADDRESS	2368 TEMPLE LN		STREET ADDRESS		
CITY-ST-ZIP	SAINT CLOUD, FL 34769		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, KAY		NAME	ROGERS, KAY	
STREET ADDRESS	2310 LAKOTA LANE		STREET ADDRESS	3309 CELINA CIRCLE	
CITY-ST-ZIP	SAINT CLOUD, FL 34769		CITY-ST-ZIP	SAINT CLOUD, FL 34769	
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAUGER, ROY		NAME		
STREET ADDRESS	1175 LIZA STREET		STREET ADDRESS		
CITY-ST-ZIP	SAINT CLOUD, FL 34771		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARRUDA, KAREN		NAME	ARREOLA, KAREN	
STREET ADDRESS	2000 CRYSTAL LANE		STREET ADDRESS	2000 CRYSTAL LN	
CITY-ST-ZIP	SAINT CLOUD, FL 34769		CITY-ST-ZIP	SAINT CLOUD, FL 34769	
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 ARREOLA, Karen Arreola</i>		Date: <i>July 5, 2005</i>		Daytime Phone #: <i>407-891-0391</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					