


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2007 8:00 am
Secretary of State

07-23-2007 90036 039 ****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 - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

07102007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
59-2894470

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BRUEGGEMANN, DAVID
2398 TEMPLE LN
ST CLOUD, FL 34769

7. Name and Address of New Registered Agent
 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: David Brueggemann (DAVID BRUEGGEMANN) DATE: 7/14/07

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

Filing Fee is \$61.25
Due by September 14, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

T NAME STREET ADDRESS CITY-ST-ZIP	RAFFEN, JOYCE 2030 CRYSTAL LN SAINT CLOUD, FL 34769	<input type="checkbox"/> Delete
P NAME STREET ADDRESS CITY-ST-ZIP	BRUEGGEMANN, DAVID 2368 TEMPLE LN SAINT CLOUD, FL 34769	<input type="checkbox"/> Delete
<input checked="" type="checkbox"/> NAME STREET ADDRESS CITY-ST-ZIP	ARREOLA, KAREN 2000 CRYSTAL LN SAINT CLOUD, FL 34769	<input type="checkbox"/> Delete
VP NAME STREET ADDRESS CITY-ST-ZIP	SHAUGER, ROY 1175 LIZA STREET SAINT CLOUD, FL 34771	<input type="checkbox"/> Delete
D NAME STREET ADDRESS CITY-ST-ZIP	SHAUGER, MARYANN 1175 LIZA ST SAINT CLOUD, FL 34771	<input type="checkbox"/> Delete
D NAME STREET ADDRESS CITY-ST-ZIP	PRUITT, GLENDA 1961 CRYSTAL LANE SAINT CLOUD, FL 34769	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T NAME STREET ADDRESS CITY-ST-ZIP	RAFFEN, JOYCE 2030 CRYSTAL LN ST. CLOUD, FL 34769	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME STREET ADDRESS CITY-ST-ZIP	BANEY, KATHY 2055 BRAMBLEWOOD DR ST. CLOUD, FL 34769	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
S NAME STREET ADDRESS CITY-ST-ZIP	ARREOLA, KAREN 2000 CRYSTAL LN ST. CLOUD, FL 34769	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Karen Arreola, Secretary Date: 07/14/07 Daytime Phone #: 407-891-0391

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR