


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90034 012 ****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**

40064813



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

03062008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2894470 Applied For
 Not Applicable

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 DATE 3/17/08
Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAFFEN, JOYCE			NAME			
STREET ADDRESS	2030 CRYSTAL LN			STREET ADDRESS			
CITY-ST-ZIP	SAINT CLOUD, FL 34769			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BANEY, KATHY			NAME	BANEY, KATHY		
STREET ADDRESS	2055 BRAMBLEWOOD DR			STREET ADDRESS	2055 BRAMBLEWOOD DR		
CITY-ST-ZIP	SAINT CLOUD, FL 34769			CITY-ST-ZIP	SAINT CLOUD, FL 34769		
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ARREOLA, KAREN			NAME			
STREET ADDRESS	2000 CRYSTAL LN			STREET ADDRESS			
CITY-ST-ZIP	SAINT CLOUD, FL 34769			CITY-ST-ZIP			
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	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHAUGER, MARYANN			NAME			
STREET ADDRESS	1175 LIZA ST			STREET ADDRESS			
CITY-ST-ZIP	SAINT CLOUD, FL 34771			CITY-ST-ZIP			
TITLE	D	<input checked="" 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 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 03/15/08 DAYTIME PHONE # 707-891-0391
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR