

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765634

FILED
Jan 06, 2010
Secretary of State

Entity Name: KANUGA VILLAGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2398 TEMPLE LANE
ST. CLOUD, FL 34769

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 700434
ST. CLOUD, FL 34770

New Mailing Address:

FEI Number: 59-2894470

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: T
Name: RAFFEN, JOYCE MRS
Address: 2030 CRYSTAL LN
City-St-Zip: SAINT CLOUD, FL 34769

Title: D
Name: BANEY, KATHY MRS
Address: 2055 BRAMBLEWOOD DR
City-St-Zip: SAINT CLOUD, FL 34769

Title: S
Name: ARREOLA, KAREN MRS
Address: 2000 CRYSTAL LN
City-St-Zip: SAINT CLOUD, FL 34769

Title: VP
Name: SHAUGER, ROY MR.
Address: 1175 LIZA STREET
City-St-Zip: SAINT CLOUD, FL 34771

Title: D
Name: SHAUGER, MARYANN MRS
Address: 1175 LIZA ST
City-St-Zip: SAINT CLOUD, FL 34771

Title: D
Name: NOFTZ, PEGGY MRS
Address: 2073 BRAMBLEWOOD DRIVE
City-St-Zip: SAINT CLOUD, FL 34769

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KAREN ARREOLA

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01/06/2010

Electronic Signature of Signing Officer or Director

Date