


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90723 024 ****61.25

DOCUMENT # 765634

1. Entity Name
KANUGA VILLAGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
POST OFFICE BOX 700 434 **POST OFFICE BOX 700434**
ST. CLOUD FL 34770 **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
 Not Applicable

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

CHECK HERE IF MAKING CHANGES

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

FILE NOW: FEE IS \$61.25

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

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	RAFFEN, JOYCE	
STREET ADDRESS	2030 CRYSTAL LANE	
CITY-ST-ZIP	SAINT CLOUD FL 34769	
TITLE	P	<input type="checkbox"/> Delete
NAME	BRUEGGEMANN, DAVID	
STREET ADDRESS	2368 TEMPLE LN	
CITY-ST-ZIP	SAINT CLOUD FL 34769	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROGERS, KAY	
STREET ADDRESS	2310 LAKOTA LANE	
CITY-ST-ZIP	SAINT CLOUD FL 34769	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SHAUGER, ROY	
STREET ADDRESS	1810 CACTUS	
CITY-ST-ZIP	SAINT CLOUD FL 34769	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARRUDA, KAREN	
STREET ADDRESS	2000 CRYSTAL LANE	
CITY-ST-ZIP	SAINT CLOUD FL 34769	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRUITT, GLENDA	
STREET ADDRESS	1961 CRYSTAL LANE	
CITY-ST-ZIP	SAINT CLOUD FL 34769	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOOK, JEFF	
STREET ADDRESS	1884 BRAMBLEWOOD DRIVE	
CITY-ST-ZIP	ST. CLOUD, FL 34769	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KUFAHL, VERN	
STREET ADDRESS	2420 TEMPLE LANE	
CITY-ST-ZIP	ST CLOUD FL 34769	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARRUDA, KAREN	
STREET ADDRESS	2000 CRYSTAL LANE	
CITY-ST-ZIP	ST. CLOUD, FL 34769	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with my address, with all other like empowered.

SIGNATURE: *Karen Arruda* 4/1/03 407-560-3677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)


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Attachment

0095088

DOCUMENT # 765634

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90074727

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SIGNATURE: SIGNATURE REQUIRED

CR2E037 (10/02)