

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765634

Entity Name: KANUGA VILLAGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2398 TEMPLE LANE
ST. CLOUD, FL 34769

Current Mailing Address:

POST OFFICE BOX 700434
ST. CLOUD, FL 34770 US

FEI Number: 59-2894470

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

Officer/Director Detail :

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

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

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

Title VP
Name SHAUGER, ROY MR.
Address 1842 CACTUS COURT
City-State-Zip: SAINT CLOUD FL 34769

Title D
Name SHAUGER, MARYANN MRS
Address 1842 CACTUS COURT
City-State-Zip: SAINT CLOUD FL 34769

Title D
Name NOFTZ, PEGGY MRS
Address 2073 BRAMBLEWOOD DRIVE
City-State-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

SECRETARY

01/28/2013

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date