

**2019 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 RAFFEN, EMILY MS  
Address 2251 TEMPLE LANE  
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 ARREOLA, RICK MR.  
Address 2000 CRYSTAL LANE  
City-State-Zip: SAINT CLOUD FL 34769

Title D  
Name RICHARDS, ELLA MRS  
Address 2650 LAKOTA LANE  
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**

**02/11/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date