DOCUMENT# 765634		
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## Entity Name: KANUGA VILLAGE HOMEOWNERS ASSOCIATION, INC.

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

# 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

## Name and Address of Current Registered Agent:

BRUEGGEMANN, DAVID 2398 TEMPLE LN ST CLOUD, FL 34769 US FILED Feb 26, 2015 Secretary of State CC6309947097

Date

Certificate of Status Desired: No

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

## Officer/Director Detail :

-				
Ti	itle	Т	Title	D
Ν	ame	RAFFEN, JOYCE MRS	Name	BANEY, KATHY MRS
A	ddress	2030 CRYSTAL LN	Address	2055 BRAMBLEWOOD DR
С	ity-State-Zip:	SAINT CLOUD FL 34769	City-State-Zip:	SAINT CLOUD FL 34769
Ti	itle	S	Title	VP
Ν	ame	ARREOLA, KAREN MRS	Name	ARREOLA, RICK MR.
A	ddress	2000 CRYSTAL LN	Address	2000 CRYSTAL LANE
С	ity-State-Zip:	SAINT CLOUD FL 34769	City-State-Zip:	SAINT CLOUD FL 34769
Т	itle	D	Title	D
Ν	ame	RICHARDS, ELLA MRS	Name	NOFTZ, PEGGY MRS
A	ddress	2650 LAKOTA LANE	Address	2073 BRAMBLEWOOD DRIVE
С	ity-State-Zip:	SAINT CLOUD FL 34769	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

02/26/2015

Electronic Signature of Signing Officer/Director Detail

Date