


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90080 032 ****61.25

DOCUMENT # 765634 1. Entity Name KANUGA VILLAGE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business POST OFFICE BOX 700 434 ST. CLOUD, FL 34770			Mailing Address POST OFFICE BOX 700434 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 <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BRUEGGEMANN, DAVID 2398 TEMPLE LN ST CLOUD, FL 34769			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <u><i>DAVID BRUEGGEMANN, PRESIDENT</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KUF AHL, VERN		NAME	<i>T RAFFEN, TOYLE</i>	
STREET ADDRESS	2420 TEMPLE LANE		STREET ADDRESS	<i>2030 CRYSTAL LN</i>	
CITY-ST-ZIP	SAINT CLOUD, FL 34769		CITY-ST-ZIP	<i>SAINT CLOUD, FL 34769</i>	
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BRUEGGEMANN, DAVID		NAME	<i>D SHAUGER, MARYANN</i>	
STREET ADDRESS	2368 TEMPLE LN		STREET ADDRESS	<i>1175 LIZA STREET</i>	
CITY-ST-ZIP	SAINT CLOUD, FL 34769		CITY-ST-ZIP	<i>SAINT CLOUD, FL 34771</i>	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROGERS, KAY		NAME	<i>D ARREOLA, KAREN</i>	
STREET ADDRESS	3369 CELINA CIRCLE		STREET ADDRESS	<i>2000 CRYSTAL LN</i>	
CITY-ST-ZIP	SAINT CLOUD, FL 34769		CITY-ST-ZIP	<i>ST. CLOUD, FL 34769</i>	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHAUGER, ROY		NAME		
STREET ADDRESS	1175 LIZA STREET		STREET ADDRESS		
CITY-ST-ZIP	SAINT CLOUD, FL 34771		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ARRUDA, KAREN		NAME		
STREET ADDRESS	2000 CRYSTAL LN		STREET ADDRESS		
CITY-ST-ZIP	SAINT CLOUD, FL 34769		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRUITT, GLENDA		NAME		
STREET ADDRESS	1961 CRYSTAL LANE		STREET ADDRESS		
CITY-ST-ZIP	SAINT CLOUD, FL 34769		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Karen Arreola</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			01/19/06 407-891-0391 <small>Date Daytime Phone #</small>		