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NONPROFIT
CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 770691

1. Corporation Name

CUE LAKE HILLS PROPERTY OWNERS' ASSOCIATION, INC

Principal Place of Business	Mailing Address
HOURGLASS CIRCLE MELROSE FL 32666 US	P.O. BOX 1277 MELROSE FL 32666 US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed
10/11/1983

4. FEI Number
59-2395370
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

BECK, CAROL J
222 LAKE DR
HAWTHORNE FL 32640

10. Name and Address of New Registered Agent

81 Name: ERNEST J. ROBIDOUX
82 Street Address (P.O. Box Number is Not Acceptable): 100 HOUR GLASS Circle
83
84 City: HAWTHORNE FL 85 Zip Code: 32640

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE [signature] ERNEST J. ROBIDOUX 1/16/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SHEPHERD, CHRIS		1.2 NAME		
STREET ADDRESS	155 QUAIL WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	MELROSE FL 32666		1.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	2.1 TITLE	DT	☑ Change ☐ Addition
NAME	ROBIDOUX, ERNIE		2.2 NAME	ROBIDOUX, ERNEST	
STREET ADDRESS	100 HOUR GLASS CIR		2.3 STREET ADDRESS	100 HOUR GLASS CIR	
CITY-ST-ZIP	HAWTHORNE FL 32666		2.4 CITY-ST-ZIP	HAWTHORNE FL 32640	
TITLE	DT	☑ DELETE	3.1 TITLE	DS	☐ Change ☑ Addition
NAME	BECK, CAROL		3.2 NAME	STEPHENSON, SANDY	
STREET ADDRESS	222 CUE LAKE DR		3.3 STREET ADDRESS	196 CUE LAKE DR.	
CITY-ST-ZIP	MELROSE FL 32666		3.4 CITY-ST-ZIP	HAWTHORNE FL 32640	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] SIGNATURE REQUIRED ERNEST J. ROBIDOUX 1/16/99 352-475-3549
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #