2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State
04-22-2004 90031 006 ****61.25

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DOCUMENT # 770691

1. Entity Name
CUE LAKE HILLS PROPERTY OWNERS' ASSOCIATION, INC.

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

04192004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
172 CueLake Dr	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hawthorne FL	City & State
Zip: 32640 Country: US	Zip Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROBIDOUR, ERNEST J 100 HOUR GLASS CIRCLE HAWTHORNE, FL 32640	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DT ROBIDOUR, ERNEST 100 HOUR GLASS CIR HAWTHORNE, FL 32640	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOVER, Richard 280 Cue Lake Dr Hawthorne FL 32640	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS STEPHENSEN, SANDY 196 CUE LAKE DR HAWTHORNE, FL 32640	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T/D STEPHENSON, Sandy C. 196 CueLake Dr Hawthorne FL 32640	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T STEPHENSON, JOHN W 196 CUE LAKE DR HAWTHORNE, FL 32640	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D STEPHENSON, John W. 196 Cue Lake Dr Hawthorne FL 32640	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 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: John W. Stephenson 4-20-04 800-820-0301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JOHN W. STEPHENSON — PRESIDENT