


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 770691**

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



Principal Place of Business      Mailing Address

172 CUELAKE DR.      P.O. BOX 1277  
 HAWTHORNE, FL 32640 US      MELROSE, FL 32666 US

**DO NOT WRITE IN THIS SPACE**



04082005 No Chg-NP CR2E037 (10/03)

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

ROBIDOUR, ERNEST J  
 100 HOUR GLASS CIRCLE  
 HAWTHORNE, FL 32640

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DOVER, RICHARD
STREET ADDRESS	280 CUE LAKE DR.
CITY-ST-ZIP	HAWTHORNE, FL 32640
TITLE	STD
NAME	STEPHENSON, SANDY
STREET ADDRESS	196 CUE LAKE DR
CITY-ST-ZIP	HAWTHORNE, FL 32640
TITLE	PD
NAME	STEPHENSON, JOHN W
STREET ADDRESS	196 CUE LAKE DR
CITY-ST-ZIP	HAWTHORNE, FL 32640
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/13/05-2005-017 61:25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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      4-11-05      800-820-0301

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

*JOHN W. STEPHENSON*