


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90008 033 ****61.25

DOCUMENT # 770691					
1. Entity Name CUE LAKE HILLS PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 172 CUELAKE DR. HAWTHORNE, FL 32640 US			Mailing Address P.O. BOX 1277 MELROSE, FL 32666 US		
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 59-2395370	
				Applied For 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		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOVER, RICHARD		NAME	PARKS CORLEY	
STREET ADDRESS	280 CUE LAKE DR.		STREET ADDRESS	118 CUE LAKE DR	
CITY-ST-ZIP	HAWTHORNE, FL 32640		CITY-ST-ZIP	HAWTHORNE FL 32640	
TITLE	STD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEPHENSON, SANDY		NAME	ROBERT NAHIKIAN	
STREET ADDRESS	196 CUE LAKE DR		STREET ADDRESS	270 CUE LAKE DR	
CITY-ST-ZIP	HAWTHORNE, FL 32640		CITY-ST-ZIP	HAWTHORNE FL 32640	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEPHENSON, JOHN W		NAME	LINDA WADLEIGH	
STREET ADDRESS	196 CUE LAKE DR		STREET ADDRESS	197 CUE LAKE DR	
CITY-ST-ZIP	HAWTHORNE, FL 32640		CITY-ST-ZIP	HAWTHORNE FL 32640	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>John W. Stephenson</i>		3-3-06		800-820-0301	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
JOHN W. STEPHENSON					