


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2007 08:00 AM
Secretary of State

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
--	--

DO NOT WRITE IN THIS SPACE



05022007 No Chg-NP CR2E037 (4/06)

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

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

**DO NOT WRITE
IN THIS SPACE**

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 September 14, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CORLEY, PARKS 198 CUE LAKE DR HAWTHORNE, FL 32640
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STEPHENSON, SANDY 196 CUE LAKE DR HAWTHORNE, FL 32640
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEPHENSON, JOHN W 196 CUE LAKE DR HAWTHORNE, FL 32640
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAHIKIAN, ROBERT 270 CUE LAKE DR HAWTHORNE, FL 32640
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WADLEIGH, LINDA 197 CUE LAKE DR HAWTHORNE, FL 32640
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000762347
05/29/07-80003-024 61.25

**DO NOT WRITE
IN THIS SPACE**

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: John W. Stephenson Date: 5/2/07 Daytime Phone: 800-820-0301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John W. Stephenson
JOHN W. STEPHENSON