


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 08:00 A**  
**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
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**DO NOT WRITE IN THIS SPACE**



03122008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2395370</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	CORLEY, PARKS
STREET ADDRESS	198 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	D
NAME	NAHIKIAN, ROBERT
STREET ADDRESS	270 CUE LAKE DR
CITY-ST-ZIP	HAWTHORNE, FL 32640
TITLE	D
NAME	WADLEIGH, LINDA
STREET ADDRESS	197 CUE LAKE DR
CITY-ST-ZIP	HAWTHORNE, FL 32640
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

04/03/08-80001-020 61.25

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      3-13-08      800-820-0301  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #