

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770691

FILED  
Apr 20, 2009  
Secretary of State

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

**Current Principal Place of Business:**

172 CUELAKE DR.  
HAWTHORNE, FL 32640 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1277  
MELROSE, FL 32666 US

**New Mailing Address:**

FEI Number: 59-2395370      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

STEPHENSON, JOHN W  
196 CUE LAKE DR  
HAWTHORNE, FL 32640 US

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.

SIGNATURE: JOHN W. STEPHENSON

04/20/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: CORLEY, PARKS  
Address: 198 CUE LAKE DR  
City-St-Zip: HAWTHORNE, FL 32640

Title: STD ( ) Delete  
Name: STEPHENSEN, SANDY  
Address: 196 CUE LAKE DR  
City-St-Zip: HAWTHORNE, FL 32640

Title: PD ( ) Delete  
Name: STEPHENSON, JOHN W  
Address: 196 CUE LAKE DR  
City-St-Zip: HAWTHORNE, FL 32640

Title: D ( ) Delete  
Name: NAHIKIAN, ROBERT  
Address: 270 CUE LAKE DR  
City-St-Zip: HAWTHORNE, FL 32640

Title: D ( ) Delete  
Name: WADLEIGH, LINDA  
Address: 197 CUE LAKE DR  
City-St-Zip: HAWTHORNE, FL 32640

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: STD (X) Change ( ) Addition  
Name: STEPHENSON, SANDY  
Address: 196 CUE LAKE DR  
City-St-Zip: HAWTHORNE, FL 32640

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN W. STEPHENSON

PD

04/20/2009

Electronic Signature of Signing Officer or Director

Date