


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

**FILED**  
**Feb 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N95000001783</b> 1. Entity Name CORPORATE LAKES ASSOCIATION, INC.	
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Principal Place of Business C/O FAUZIA JAFFER 2700 WALKERS WAY WESTON, FL 33331	Mailing Address FAUZIA JAFFER 2700 WALKERS WAY WESTON, FL 33331
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**DO NOT WRITE IN THIS SPACE**



02072005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0639638	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  JAFFER, FAUZIA 2700 WALKERS WAY WESTON, FL 33331
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JAFFER, MOHSIN 2700 WALKERS WAY WESTON, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CANFIELD, CHARLENE 1865 N. CORPORATE LAKES BLVD WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FAMIGLIETTI, RICHARD 1845 N CORPORATE LAKES BLVD WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PIAR, CARLOS 1865 N. CORPORATE LAKES BLVD WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR JAFFER, FAUZIA 2700 WALKERS WAY WESTON, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>2/14/05</b> <small>Date</small>	<small>Daytime Phone #</small>
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