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Mar 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000001783 (8)
 1. Corporation Name
CORPORATE LAKES ASSOCIATION, INC.



Principal Place of Business C/O PROPERTY TRUST REALTY INC. 1280 S.W. 36TH AVENUE, SUITE 104 POMPANO BEACH FL 33069	Mailing Address C/O PROPERTY TRUST REALTY INC. 1280 S.W. 36TH AVENUE, SUITE 104 POMPANO BEACH FL 33069
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3. Date Incorporated or Qualified 04/14/1995	
4. FEI Number 65-0639638	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**WEISMAN, ESQ., DAVID
 2021 TYLER STREET
 HOLLYWOOD FL 33020**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PDT	<input checked="" type="checkbox"/>
NAME	ANTONUCCI, JAMES F	
STREET ADDRESS	600 CORPORATE DRIVE, SUITE 512	
CITY-ST-ZIP	FT. LAUDERDALE FL 33334	
TITLE	VPSD	<input checked="" type="checkbox"/>
NAME	ORLAN, JEFFREY P	
STREET ADDRESS	10021 PINES BLVD., SUITE 106	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	D	<input checked="" type="checkbox"/>
NAME	FRANCAVILLA, JOHN J	
STREET ADDRESS	55 WESTON ROAD, SUITE 101	
CITY-ST-ZIP	SUNRISE FL 33326	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGED	ADDED
1.1 TITLE	President	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Dr. Mohsin Jaffer		
1.3 STREET ADDRESS	2700 Walkers Way		
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33331		
2.1 TITLE	Vice-President	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	David Gross		
2.3 STREET ADDRESS	2487 Bay Isle Drive		
2.4 CITY-ST-ZIP	Weston, FL 33327		
3.1 TITLE	Secretary	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	Richard Famiglietti		
3.3 STREET ADDRESS	1845 N. Corporate Lakes Blvd.		
3.4 CITY-ST-ZIP	Weston, FL 33326		
4.1 TITLE	Treasurer	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	Eugenio Lascurain		
4.3 STREET ADDRESS	13051 S.W. 29th Court		
4.4 CITY-ST-ZIP	Davie, FL 33330		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **Dr. Mohsin Jaffer, President** 2/24/98

CR2E037 (10/97)