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May 05, 1999 8:00 am
Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N95000001783

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 C/O FLORIDA TRUST REALTY		26 C/O FLORIDA TRUST REALTY		04/14/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 302 2500 WESTON RD		27 2500 WESTON RD #302		65-0639638	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 WESTON, FLA		28 WESTON, FLA		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		Trust Fund Contribution	
24 33331 USA		29 33331 USA			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WEISMAN, ESQ., DAVID 2021 TYLER STREET HOLLYWOOD FL 33020				81 Name BOB ARGENTI / FLORIDA TRUST REALTY			
				82 Street Address (P.O. Box Number is Not Acceptable) 2500 WESTON RD #302			
				83			
				84 City WESTON		85 Zip Code FL 33331	

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 Bob Argenti BOB ARGENTI 4/29/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAFFER, MOHSIN	1.2 NAME	
STREET ADDRESS	2700 WALKERS WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33331	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSS, DAVID	2.2 NAME	
STREET ADDRESS	2487 BAY ISLE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	WESTON-FL 33327	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAMIGLIETTI, RICHARD	3.2 NAME	
STREET ADDRESS	1845 N CORPORATE LAKES BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	WESTON FL 33326	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LASCURAIN, EUGENIO	4.2 NAME	
STREET ADDRESS	13051 SW 29TH CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33330	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Bob Argenti 4/29/99 954-389-4711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)