

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90006 031 ****61.25

DOCUMENT # N95000001783

1. Entity Name

CORPORATE LAKES ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O PROPERTY TRUST REALTY INC.
 302 2500 WESTON RD.
 WESTON FL 33069

C/O PROPERTY TRUST REALTY INC.
 302 2500 WESTON RD.
 WESTON FL 33069

2. Principal Place of Business

C/O Florida Trust Realty

3. Mailing Address

2500 Weston Rd.

Suite, Apt. #, etc.

Suite 302

Suite, Apt. #, etc.

City & State

Weston

City & State

FL

4. FEI Number

65-0639638

Applied For

Not Applicable

Zip

33331

Country

Broward

Zip

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AGENT, BOB
2500 WESTON RD. #302
WESTON FL 33331

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	JAFFER, MOHSIN	
STREET ADDRESS	2700 WALKERS WAY	
CITY-ST-ZIP	FT. LAUDERDALE FL 33331	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GROSS, DAVID	
STREET ADDRESS	2487 BAY ISLE DR	
CITY-ST-ZIP	WESTON FL 33327	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FAMIGLIETTI, RICHARD	
STREET ADDRESS	1845 N CORPORATE LAKES BLVD	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LASCURAIN, EUGENIO	
STREET ADDRESS	13051 SW 29TH CT	
CITY-ST-ZIP	DAVIE FL 33330	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: *Richard Famiglietti* **RECEIVED Pres.** **3-30-00** **954-389-4711**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)