

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90003 044 ****61.25

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01292006 Chg-NP CR2E037 (11/05)

DOCUMENT # N95000001783 1. Entity Name CORPORATE LAKES ASSOCIATION, INC.					
Principal Place of Business C/O FAUZIA JAFFER 2700 WALKERS WAY WESTON, FL 33331			Mailing Address FAUZIA JAFFER 2700 WALKERS WAY WESTON, FL 33331		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0639638 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JAFFER, FAUZIA 2700 WALKERS WAY WESTON, FL 33331			7. Name and Address of New Registered Agent 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. 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. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JAFFER, MOHSIN <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	2700 WALKERS WAY		STREET ADDRESS		
CITY-ST-ZIP	WESTON, FL 33331		CITY-ST-ZIP		
TITLE	VPD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CANFIELD, CHARLENE <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	1865 N. CORPORATE LAKES BLVD		STREET ADDRESS		
CITY-ST-ZIP	WESTON, FL 33326		CITY-ST-ZIP		
TITLE	SD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FAMIGLIETTI, RICHARD <input checked="" type="checkbox"/> Delete		NAME		
STREET ADDRESS	1845 N CORPORATE LAKES BLVD		STREET ADDRESS		
CITY-ST-ZIP	WESTON, FL 33326		CITY-ST-ZIP		
TITLE	TD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PIAR, CARLOS <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	1865 N. CORPORATE LAKES BLVD		STREET ADDRESS		
CITY-ST-ZIP	WESTON, FL 33326		CITY-ST-ZIP		
TITLE	DIR		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JAFFER, FAUZIA <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	2700 WALKERS WAY		STREET ADDRESS		
CITY-ST-ZIP	WESTON, FL 33331		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: FAUZIA JAFFER <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/29/06. (954)433-3114 <small>Date Daytime Phone #</small>		