

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 06, 2007 08:00 AM
Secretary of State

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



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07032007 No Chg-NP CR2E037 (4/06)

4. FEI Number: 65-0639638 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$61.25 Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JAFFER, MOHSIN
STREET ADDRESS	2700 WALKERS WAY
CITY-ST-ZIP	WESTON, FL 33331
TITLE	VPD
NAME	CANFIELD, CHARLENE
STREET ADDRESS	1865 N. CORPORATE LAKES BLVD
CITY-ST-ZIP	WESTON, FL 33326
TITLE	TD
NAME	PIAR, CARLOS
STREET ADDRESS	1865 N. CORPORATE LAKES BLVD
CITY-ST-ZIP	WESTON, FL 33326
TITLE	DIR
NAME	JAFFER, FAUZIA
STREET ADDRESS	2700 WALKERS WAY
CITY-ST-ZIP	WESTON, FL 33331
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 08/07/07-80005-016 61.25
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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 7/9/07 (954)389-2439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #