

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 09, 2009
Secretary of State**

DOCUMENT# N95000001783

Entity Name: CORPORATE LAKES ASSOCIATION, INC.

Current Principal Place of Business:

C/O FAUZIA JAFFER
2700 WALKERS WAY
WESTON, FL 33331

New Principal Place of Business:

Current Mailing Address:

FAUZIA JAFFER
2700 WALKERS WAY
WESTON, FL 33331

New Mailing Address:

FEI Number: 65-0639638 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAFFER, FAUZIA
2700 WALKERS WAY
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JAFFER, MOHSIN
Address: 2700 WALKERS WAY
City-St-Zip: WESTON, FL 33331

Title: VPD () Delete
Name: CANFIELD, CHARLENE
Address: 1865 N. CORPORATE LAKES BLVD
City-St-Zip: WESTON, FL 33326

Title: TD () Delete
Name: PIAR, CARLOS
Address: 1865 N. CORPORATE LAKES BLVD
City-St-Zip: WESTON, FL 33326

Title: DIR () Delete
Name: JAFFER, FAUZIA
Address: 2700 WALKERS WAY
City-St-Zip: WESTON, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MOHSIN JAFFER

PD

02/09/2009

Electronic Signature of Signing Officer or Director

_____ Date