

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 27 PM 4: 15

DOCUMENT # **N02235** (2)
1. Corporation Name
UNO LAGO ENVIRONMENTAL ASSOCIATION, INC.

Principal Place of Business Mailing Address
601 UNIVERSE BLVD. JUNO BEACH FL 33408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/28/1984** 3a. Date of Last Report **03/23/1994**
4. FEI Number **59-2654206** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
7. Nonprofit with IRS 601(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**LEVINE, JAY STEVEN
LEVINE, FRANK & EDGAR, P.A.
3300 PGA BLVD., STE. 500
PALM BEACH GARDENS FL 33410**

10. Name and Address of New Registered Agent
81 Name **KIMBERLY D POPE**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **2357A GREENGROVE CIRCLE**
84 City **WEST PALM BEACH** FL 85 Zip Code **33408**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Kimberly D. Pope 1-16-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PF
NAME	GRAZIOTTO, RAYMOND E
STREET ADDRESS	4501 TREEHOUSE LANE
CITY-ST-ZIP	TAMARAC FL 33319
TITLE	VPD
NAME	FENTON, PATRICK J
STREET ADDRESS	UNIT 6, UNO LAGO DR.
CITY-ST-ZIP	JUNO BEACH FL 33408
TITLE	STD
NAME	POPE, KIM
STREET ADDRESS	4501 TREEHOUSE LANE
CITY-ST-ZIP	TAMARAC FL 33319
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	VPO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	P FENTON, PATRICK J
2.3 STREET ADDRESS	#6 UNO LAGO DRIVE
2.4 CITY-ST-ZIP	JUNO BEACH, FL 33408
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: Kimberly D. Pope 1-12-95 407-439-5311
Signature and typed or printed name of signing officer or director Date (Mention Phone #)