

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified **03/28/1984** 3a. Date of Last Report **01/27/1995**

2. Principal Place of Business 2a. Mailing Address  
**21** **26** *801 UNO LAGO DRIVE*  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
**22** **27**  
City & State City & State  
**23** **28**  
Zip Country Zip Country  
**24** **25** **29** **30**

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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**POPE, KIMBERLY  
LEVINE, FRANK & EDGAR, P.A.  
2357 A GREENGATE CIRCLE  
WEST PALM BEACH FL 33408**

10. Name and Address of New Registered Agent  
**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
*801 UNO LAGO DRIVE*  
**83**  
**84** City *JUNO BEACH* **85** Zip Code *33408*

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Kimberly Pope* **1-15-96**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PF DIRECTOR</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRAZIOTTO, RAYMOND E</b>	1.2 NAME	
STREET ADDRESS	<b>4501 TREEHOUSE LANE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMARAC FL 33319</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VPD DIRECTOR</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FENTOM, PATRICK J</b>	2.2 NAME	
STREET ADDRESS	<b>UNIT 6, UNO LAGO DR.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JUNO BEACH FL 33408</b>	2.4 CITY-ST-ZIP	
TITLE	<b>STD DIRECTOR</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POPE, KIM</b>	3.2 NAME	
STREET ADDRESS	<b>4501 TREEHOUSE LANE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMARAC FL 33319</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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*5/1/96*  
*ONE*

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 119.07(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 Pope* **2/10/96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E037 (12/95)