

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 # N93000004611 (0) ULM

1. Corporation Name
UNO LAGO CONDOMINIUMS MASTER ASSOCIATION, INC.



Principal Place of Business: **801 UNIVERSE BLVD #21 JUNO BEACH FL 33408 US**
Mailing Address: **801 UNIVERSE BLVD #21 JUNO BEACH FL 33408 US**

3. Date Incorporated or Qualified: **10/04/1993**
3a. Date of Last Report: **02/01/1995**
4. FEI Number: **59-2654199**
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

2. Principal Place of Business: **21**
2a. Mailing Address: **26 301 UNO LAGO DR**
22. Suite, Apt. #, etc.: **27**
23. City & State: **28**
24. Zip: **25** Country: **29** Zip: **30** Country: **30**

9. Name and Address of Current Registered Agent
**POPE, KIM
2357 A GREENGATE CIRCLE
W. PALM BCH FL 33415**

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

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	GRAZOTTO, RAYMOND E.	
STREET ADDRESS	801 UNIVERSE BLVD	
CITY-ST-ZIP	JUNO BEACH FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	HOCKER, MARJORIE	
STREET ADDRESS	32 UNO LAGO DR	
CITY-ST-ZIP	JUNO BEACH FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	POPE, KIM	
STREET ADDRESS	2357 A GREENGATE CIRCLE	
CITY-ST-ZIP	W. PALM BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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 D. Pope* **2/20/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR City Daytime Phone #

CR2E037 (12/95)