

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 15 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N93000004611 (0)**  
 1. Corporation Name  
**UNO LAGO CONDOMINIUMS MASTER ASSOCIATION, INC.**



Principal Place of Business <b>801 UNIVERSE BLVD #2-1 JUNO BEACH FL 33408 US</b>	Mailing Address <b>801 UNO LAGO DRIVE #2-1 JUNO BEACH FL 33408-2680 US</b>
---	---

3. Date Incorporated or Qualified <b>10/04/1993</b>	3a. Date of Last Report <b>04/22/1996</b>
--	--

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

4. FEI Number <b>59-2654199</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**POPE, KIM  
801 UNO LAGO DRIVE  
JUNO BEACH FL 33408**

10. Name and Address of New Registered Agent  
 81 Name **J.C. SOLOMON TC**  
 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 *[Signature]* DATE **3/13/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DE GRAZIOTTO, RAYMOND E.</b>	1.2 NAME	
STREET ADDRESS	<b>801 UNIVERSE BLVD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JUNO BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DV HOCKER, MARJKORIE</b>	2.2 NAME	
STREET ADDRESS	<b>32 UNO LAGO DR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JUNO BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DST POPE, KIM</b>	3.2 NAME	<b>AIMEE BURGESS</b>
STREET ADDRESS	<b>2357 A GREENGATE CIRCLE</b>	3.3 STREET ADDRESS	<b>801 UNO LAGO DRIVE</b>
CITY-ST-ZIP	<b>W. PALM BCH FL</b>	3.4 CITY-ST-ZIP	<b>JUNO BEACH FL 33408</b>
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	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or in an attachment with an address.

CR2E037 (9/96)

561-625-9492