

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

CORPORATION ANNUAL REPORT 1995



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

95 JAN 27 PM 4:15

DOCUMENT # N93000004809 (0)
 1. Corporation Name
 UNO LAGO NO. 7 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address

801 UNIVERSE BLD #21 JUNO BCH FL 33408 US
 801 UNIVERSE BLVD #21 JUNO BCH FL 33408 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/25/1993
 3a. Date of Last Report 06/01/1994
 4. FEI Number 59-2654221
 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 501(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

21 801 UNIVERSE BLD 25 801 UNIVERSE BLD
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22
 23 JUNO BEACH FL 28 JUNO BEACH FL
 City & State City & State
 24 33408 25 PALM BEACH 29 33408 30 PALM BEACH
 Zip Country Zip Country

9. Name and Address of Current Registered Agent

POPE, KIM
 2357-A GREENGATE CRI #2-1
 W. PALM BCH FL 33415

10. Name and Address of New Registered Agent

81 Name KIMBERLY DOPE
 82 Street Address (P.O. Box Number is Not Acceptable) 2357 A GREENGATE CIRCLE
 83
 84 City WEST PALM BEACH FL 85 Zip Code 33415

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAZOTTO, RAYMOND E.	1.2 NAME	
STREET ADDRESS	801 UNIVERSE BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	JUNO BCH FL	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOCHMAN, MAX	2.2 NAME	
STREET ADDRESS	700 UNO LAGO DR #401	2.3 STREET ADDRESS	
CITY-ST-ZIP	JUNO BEACH FL	2.4 CITY-ST-ZIP	
TITLE	DST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POPE, KIM	3.2 NAME	
STREET ADDRESS	2357-A GREENGATE CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BCH FL	3.4 CITY-ST-ZIP	
TITLE		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		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		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 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 Dope 1-12-95 407-439-5811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Herein