

**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 # N93000004809 (0)** *017*  
1. Corporation Name  
**UNO LAGO NO. 7 CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>801 UNIVERSE BLVD #21 JUNO BEACH FL 33408 US</b>		Mailing Address <b>801 UNIVERSE BLVD. #21 JUNO BEACH FL 33408 US</b>		3. Date Incorporated or Qualified <b>10/25/1993</b>	3a. Date of Last Report <b>01/27/1995</b>
2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26 801 UNO LAGO</b>	4. FEI Number <b>59-2654221</b>		Applied For Not Applicable	
Suite, Apt. #, etc <b>22</b>	Suite, Apt. #, etc <b>27</b>	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
City & State <b>23</b>	City & State <b>28</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>	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 <b>POPE, KIMBERLY 2357 A GREENGATE CIRCLE #2-1 WEST PALM BEACH FL 33408</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	<b>801 UNO LAGO Drive</b>
				83	
				84 City	<b>JUNO BEACH FL</b>
				85 Zip Code	<b>33408</b>

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 re-registering.) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRAZIOTTO, 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	<input type="checkbox"/> DELETE		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		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	DST	<input type="checkbox"/> DELETE		3.1 TITLE			
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE			
NAME				4.2 NAME	<b>4000001754734</b>		
STREET ADDRESS				4.3 STREET ADDRESS	<b>03/22/96--01091--009</b>		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	<b>***61.25</b>		
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 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* **2/10/96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE # **SG 3-22-96**

CR2E037 (12/95)