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Apr 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business: 801 UNO LAGO DR JUNO BEACH FL 33408 US
Mailing Address: 801 UNO LAGO DR JUNO BEACH FL 33408-2680 US

3. Date Incorporated or Qualified: 10/25/1993
3a. Date of Last Report: 03/22/1996
4. FEI Number: 59-2654221
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, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
POPE, KIMBERLY
801 UNO LAGO DR
JUNO BEACH FL 33408

10. Name and Address of New Registered Agent
81 Name: JACO SOLOMON II
82 Street Address (P.O. Box Number is Not Acceptable): 801 UNO LAGO DRIVE
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

TITLE	DV	<input type="checkbox"/> DELETE
NAME	GRAZIOTTO, RAYMOND E.	
STREET ADDRESS	801 UNIVERSE BLVD	
CITY-ST-ZIP	JUNO BCH FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	HOCHMAN, MAX	
STREET ADDRESS	700 UNO LAGO DR #401	
CITY-ST-ZIP	JUNO BEACH FL	
TITLE	DST	<input checked="" 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		

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 checked="" type="checkbox"/> Addition
3.2 NAME	DST AILEEN BURGESS
3.3 STREET ADDRESS	801 UNO LAGO DRIVE
3.4 CITY-ST-ZIP	JUNO BEACH FL 33408
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 does not qualify for the exemption stated in Section 119.07(3)(j), 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] 361-625-9448

CR2E037 (9/96)