

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 01, 2009  
Secretary of State**

DOCUMENT# N93000004809

Entity Name: UNO LAGO NO. 7 CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

801 UNO LAGO DR  
JUNO BEACH, FL 33408 US

**New Principal Place of Business:**

**Current Mailing Address:**

801 UNO LAGO DR  
JUNO BEACH, FL 33408 US

**New Mailing Address:**

FEI Number: 59-2654221      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CHAPNICK, MICHAEL E ESQ  
100 EAST LINTON BLVD  
SUITE 502-B  
DELRAY BEACH, FL 33483 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: DAMSTRA, JOHN  
Address: 700 UNO LAGO DRIVE #403  
City-St-Zip: JUNO BCH, FL 33408

Title: DS ( ) Delete  
Name: BUCCINI, GENE  
Address: 108 MYSTIC DRIVE  
City-St-Zip: OSSING, NY 10562

Title: DT ( ) Delete  
Name: COSTANTINI, JOE  
Address: 6701 MALLARDS COVE ROAD #21H  
City-St-Zip: JUPITER, FL 33458

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL E CHAPNICK, ESQ., ATTY/AGENT

RA

05/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date