

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02236

FILED
Nov 14, 2008
Secretary of State

Entity Name: UNO LAGO VILLAS PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

801 UNO LAGO DRIVE
JUNO BEACH, FL 33308

New Principal Place of Business:

Current Mailing Address:

801 UNO LAGO DR.
JUNO BEACH, FL 33308 US

New Mailing Address:

FEI Number: 59-2654208 **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 102-B
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

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

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: MICHAEL E. CHAPNICK, ESQ.

11/14/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CAUDELL, CATHY
Address: 5 UNO LAGO DRIVE
City-St-Zip: JUNO BEACH, FL 33408

Title: DV () Delete
Name: BERRYMAN, JANICE
Address: 40 UNO LAGO DRIVE
City-St-Zip: JUNO BEACH, FL 33408

Title: DS () Delete
Name: KANETZKY, JOYCE
Address: 13224 IRON HORSE COURT
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: DT () Delete
Name: RODEN, BOB
Address: 18 BARNSWALLOW ROAD
City-St-Zip: PLYMOUTH, MA 02360

Title: D () Delete
Name: PANNIER, CLAIRE
Address: 166 CAIN AVENUE
City-St-Zip: BRAintree, MA 02184

Title: D () Delete
Name: FALLEO, JOE
Address: 86 STANTON STREET
City-St-Zip: NORTHPORT, NY 11768

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:

Title: () Change () Addition
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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 AND AGENT

RA

11/14/2008

Electronic Signature of Signing Officer or Director

Date