

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004611

FILED  
May 01, 2009  
Secretary of State

**Entity Name:** UNO LAGO CONDOMINIUMS MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

801 UNO LAGO DRIVE  
JUNO BEACH, FL 33408 US

**New Principal Place of Business:**

**Current Mailing Address:**

801 UNO LAGO DRIVE  
JUNO BEACH, FL 33408 US

**New Mailing Address:**

**FEI Number:** 59-2654199      **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: UHR, TERRY  
Address: 600 UNO LAGO DRIVE #405  
City-St-Zip: JUNO BEACH, FL 33408

Title: DS ( ) Delete  
Name: MURTAGH, BARB  
Address: 800 UNO LAGO DRIVE #302  
City-St-Zip: JUNO BEACH, FL 33408

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

**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