

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N93000004838

FILED
Nov 14, 2008
Secretary of State

Entity Name: UNO LAGO NO. 6 CONDOMINIUM 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: 59-2654220 **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: UHR, ADELE
Address: 600 UNO LAGO DRIVE #405
City-St-Zip: JUNO BEACH, FL 33408

Title: DS () Delete
Name: KENNEDY, LINDA
Address: 600 UNO LAGO DRIVE #401
City-St-Zip: JUNO BCH, FL 33408

Title: DT () Delete
Name: UHR, TERRY
Address: 600 UNO LAGO DRIVE #405
City-St-Zip: JUNO BCH, 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 AND AGENT

RA

11/14/2008

Electronic Signature of Signing Officer or Director

Date