

**N93000004838**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



**800210233228**

07/22/11--01017--003    \*\*35.00

RECEIVED  
U.S. GOVERNMENT PRINTING OFFICE  
2011 OMB NO. 1115-0056  
11 JUL 22 AM/11:09

R.A. Change  
C.COULLIETTE

JUL 25 2011

**EXAMINER**

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Uno Lago No. 6 Condominium Association, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N93000004838

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Beverly Tosch

Name of Contact Person

Becker & Poliakoff, P.A.

Firm/Company

625 N. Flagler Drive, 7th Floor

Address

West Palm Beach, FL 33401

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Beverly Tosch

Name of Contact Person

at ( 561 )

Area Code & Daytime Telephone Number

655-5444

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

*Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Uno Lago No. 6 Condominium Association, Inc.

2. The principal office address: 801 Uno Lago Drive  
Juno Beach, FL 33408

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 10/26/1993 Document number: N93000004838

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)  
Hilley & Wyant-Cortez, PA  
860 U.S. 1 - Suite 108  
North Palm Beach, FL 33408

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
Becker & Poliakoff, PA  
625 N. Flagler Drive, 7th Floor  
 P.O. Box NOT acceptable  
West Palm Beach, FL 33401

11 JUL 22 AM 11:09  
 FLORIDA  
 DIVISION OF  
 CORPORATIONS  
 STATE OF FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

X Adele Uhr, President  
Signature of an officer or director

Signature of an officer or director

X ADELE UHR, PRESIDENT  
Printed or typed name and title

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

*Robert F. Kotter*  
Signature of Registered Agent

**Signature of Registered Agent**

7/18/11

Date \_\_\_\_\_

If signing on behalf of an entity:

Becker & Polakoff, P.A.  
By: Robert Rubinstein, Esq.  
Typed or Printed Name

Typed or Printed Name

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314