

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morsham  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 MAR -6 AM 11:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 751479 (7)**

1. Corporation Name

**THE SEVENTEENTH GREEN CONDOMINIUM ASSOCIATION, I  
NC.**

Principal Place of Business Mailing Address  
**1420 ATLANTIC SHORES BLVD  
8910 MIRAMAR PARKWAY SUITE 300  
HALLANDALE FL 33020  
US** **C/O ROBERT LEVY  
1918 HARRISON ST / STE - 207  
HOLLYWOOD FL 33020  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/06/1980</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-2185868</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
Country	Country
25.	29.
24.	30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEVY, ROBERT  
1918 HARRISON ST  
STE - 207  
HOLLYWOOD FL 33020**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83.	
84. City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>MOORE, DICK</b>
STREET ADDRESS	<b>1420 ATLANTIC SHORES</b>
CITY-ST-ZIP	<b>HALLANDALE FL</b>
TITLE	<b>SD</b>
NAME	<b>CRISTIAN VLAD</b>
STREET ADDRESS	<b>1420 ATLANTIC SHORES BLV</b>
CITY-ST-ZIP	<b>HALLANDALE FL</b>
TITLE	<b>D</b>
NAME	<b>RIVARD, LAURENT</b>
STREET ADDRESS	<b>1420 ATLANTIC SHORES</b>
CITY-ST-ZIP	<b>HALLANDALE FL</b>
TITLE	<b>D</b>
NAME	<b>TOMS, JIM</b>
STREET ADDRESS	<b>1450 ATLANTIC SHORES</b>
CITY-ST-ZIP	<b>HALLANDALE FL</b>
TITLE	<b>D</b>
NAME	<b>MUNDEN, EARL</b>
STREET ADDRESS	<b>1450 ATL. SHORES BLVD.</b>
CITY-ST-ZIP	<b>HALLANDALE FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PRE S. 2-28-95**

DATE

TYPEWRITING #