

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 751479 (7)

1. Corporation Name

THE SEVENTEENTH GREEN CONDOMINIUM ASSOCIATION, I NC.



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

3. Date Incorporated or Qualified: 03/06/1980
3a. Date of Last Report: 03/06/1995

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

4. FEI Number: 59-2185868
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: LEVY, ROBERT, 1918 HARRISON ST, STE - 207, HOLLYWOOD FL 33020
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MOORE, DICK <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD LINDA BAER Change <input checked="" type="checkbox"/> Addition
NAME	MOORE, DICK	1.2 NAME	LINDA BAER
STREET ADDRESS	1420 ATLANTIC SHORES HALLANDALE FL	1.3 STREET ADDRESS	1420 ATLANTIC SHORES BLVD HALLANDALE, FL 33109
CITY-ST-ZIP	HALLANDALE FL	1.4 CITY-ST-ZIP	HALLANDALE, FL 33109
TITLE	SD CRISTIAN VLAD <input type="checkbox"/> DELETE	2.1 TITLE	BEN ICCARI <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRISTIAN VLAD	2.2 NAME	BEN ICCARI
STREET ADDRESS	1420 ATLANTIC SHORES BLV HALLANDALE FL	2.3 STREET ADDRESS	1420 ATLANTIC SHORES BLVD
CITY-ST-ZIP	HALLANDALE FL	2.4 CITY-ST-ZIP	
TITLE	D RIVARD, LAURENT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVARD, LAURENT	3.2 NAME	
STREET ADDRESS	1420 ATLANTIC SHORES HALLANDALE FL	3.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	3.4 CITY-ST-ZIP	
TITLE	D TOMS, JIM <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOMS, JIM	4.2 NAME	
STREET ADDRESS	1450 ATLANTIC SHORES HALLANDALE FL	4.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	4.4 CITY-ST-ZIP	
TITLE	D MUNDEN, EARL <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNDEN, EARL	5.2 NAME	
STREET ADDRESS	1450 ATL. SHORES BLVD. HALLANDALE FL	5.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(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: *Earl Munden*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)