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Mar 26 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 751479 (7)  
1. Corporation Name  
THE SEVENTEENTH GREEN CONDOMINIUM ASSOCIATION, I  
NC.



Principal Place of Business Mailing Address  
1420 ATLANTIC SHORES BLVD C/O ROBERT LEVY  
8040 MIRAMAR PARKWAY SUITE 300 1918 HARRISON ST / STE - 207  
HALLANDALE FL 33020 HOLLYWOOD FL 33020-5068  
US US

3. Date Incorporated or Qualified 03/06/1980  
3a. Date of Last Report 02/27/1996

2. Principal Place of Business 2a. Mailing Address  
21 1450 Atlantic Shores Blvd 26 C/O ROBERT LEVY  
Suite, Apt #, etc. Suite, Apt #, etc.  
22 1918 HARRISON ST # 207  
City & State City & State  
23 Hallandale FL 28 Hollywood FL  
Zip 33009 Country USA 29 33020 Country  
24 33009 25 USA 29 33020 30

4. FEI Number 59-2185868 Applied For Not Applicable  
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

10. Name and Address of New Registered Agent

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

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 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 <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAER, LINDA	1.2 NAME	
STREET ADDRESS	1420 ATLANTIC SHORES BLVD	1.3 STREET ADDRESS	
CITY - ST - ZIP	HALLANDALE FL	1.4 CITY - ST - ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRISTIAN VLAD	2.2 NAME	
STREET ADDRESS	1420 ATLANTIC SHORES BLV	2.3 STREET ADDRESS	
CITY - ST - ZIP	HALLANDALE FL	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ICCARI, BEN	3.2 NAME	
STREET ADDRESS	1420 ATLANTIC SHORES BLVD	3.3 STREET ADDRESS	
CITY - ST - ZIP	HALLANDALE FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOMS, JIM	4.2 NAME	
STREET ADDRESS	1450 ATLANTIC SHORES	4.3 STREET ADDRESS	
CITY - ST - ZIP	HALLANDALE FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	SD SECRETARY - DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNDEN, EARL	5.2 NAME	
STREET ADDRESS	1450 ATL. SHORES BLVD.	5.3 STREET ADDRESS	
CITY - ST - ZIP	HALLANDALE FL	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFF LOWE	6.2 NAME	
STREET ADDRESS	1450 ATLANTIC SHORES BLVD	6.3 STREET ADDRESS	
CITY - ST - ZIP	HALLANDALE, FL 33009	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Linda Baer LINDA BAER 1-27-97 (954) 454-1194  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 000-1200

CR2E037 (9/96)