

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Sep 10 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

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



Principal Place of Business: 1450 ATLANTIC SHORES BLVD, HALLANDALE FL 33009, US
 Mailing Address: % LEVY, ROBERT, 1918 HARRISON ST. 207, HOLLYWOOD FL 33020, US

3. Date Incorporated or Qualified: 03/06/1980
 4. FEI Number: 59-2185868
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 7. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State: 23 Hollywood, FL 24 Zip: 33022 Country: US
 2a. Mailing Address: 26 P.O. Box 221248 27 Suite, Apt. #, etc. 28 City & State: Hollywood, FL 29 Zip: 33022 Country: US

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: David Schneid ARNOLD YABLIN, ESQ. 82 Street Address: 699 S. Federal Hwy. 83 84 City: Hollywood FL 85 Zip Code: 33020

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: *David Schneid* YABLIN + SCHNEID, P.A. DATE: 9/4/98

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> DELETE |
| NAME | BAER, LINDA | |
| STREET ADDRESS | 1420 ATLANTIC SHORES BLVD | |
| CITY-ST-ZIP | HALLANDALE FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | LOWE, JEFF | |
| STREET ADDRESS | 1450 ATLANTIC SHORES BLVD | |
| CITY-ST-ZIP | HALLANDALE FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | ICCARI, BEN | |
| STREET ADDRESS | 1420 ATLANTIC SHORES BLVD | |
| CITY-ST-ZIP | HALLANDALE FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | TOMS, JIM | |
| STREET ADDRESS | 1450 ATLANTIC SHORES | |
| CITY-ST-ZIP | HALLANDALE FL | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE |
| NAME | MUNDEN, EARL | |
| STREET ADDRESS | 1450 ATL. SHORES BLVD. | |
| CITY-ST-ZIP | HALLANDALE FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|----------------------------|--|
| 1.1 TITLE | VPD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Kurianowicz, Henry | |
| 1.3 STREET ADDRESS | 1450 Atlantic Shores Blvd. | |
| 1.4 CITY-ST-ZIP | Hallandale, FL | |
| 2.1 TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Lowe, Jeff | |
| 2.3 STREET ADDRESS | 1450 Atlantic Shores Blvd | |
| 2.4 CITY-ST-ZIP | Hallandale, FL | |
| 3.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Posy, Rose | |
| 3.3 STREET ADDRESS | 1450 Atlantic Shores Blvd. | |
| 3.4 CITY-ST-ZIP | Hallandale, FL | |
| 4.1 TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | Balan, Gabriela | |
| 4.3 STREET ADDRESS | 1450 Atlantic Shores Blvd. | |
| 4.4 CITY-ST-ZIP | Hallandale, FL | |
| 5.1 TITLE | SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | D'Arpino, Linda | |
| 5.3 STREET ADDRESS | 1450 Atlantic Shores Blvd. | |
| 5.4 CITY-ST-ZIP | Hallandale, FL | |
| 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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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]* DATE: 8/25/98 954-457-8599
 SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (5/98)