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Aug 23, 1999 8:00 am
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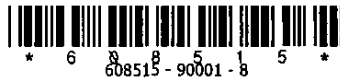
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 751479

1. Corporation Name
THE SEVENTEENTH GREEN CONDOMINIUM ASSOCIATION, I NC.

Principal Place of Business 1450 ATLANTIC SHORES BLVD HALLANDALE FL 33009 US	Mailing Address P.O. BOX 221248 HOLLYWOOD FL 33022 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 03/06/1980	4. FEI Number 59-2185868 Applied For Not Applicable
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent

YABLIN, ARNOLD E
699 S. FEDERAL HWY
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 **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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD KURIANOWICZ, HENRY 1450 ATLANTIC SHORES BLVD HALLANDALE FL	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	P LOWE, JEFF 1450 ATLANTIC SHORES BLVD HALLANDALE FL	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D POSY, ROSE 1450 ATLANTIC SHORES BLVD HALLANDALE FL	3.1 TITLE	PD
NAME		3.2 NAME	Posy, Rose Marie
STREET ADDRESS		3.3 STREET ADDRESS	1450 Atlantic Shores Blvd.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Hallandale, FL 33009
TITLE	D BALAN, GABRIELA 1450 ATLANTIC SHORES BLVD HALLANDALE FL	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	SD D'ARPIO, LINDA 1450 ATL. SHORES BLVD. HALLANDALE FL	5.1 TITLE	S/TD
NAME		5.2 NAME	Weaver, Barbara
STREET ADDRESS		5.3 STREET ADDRESS	1450 Atlantic Shores Blvd.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Hallandale, FL 33009
TITLE		6.1 TITLE	D
NAME		6.2 NAME	Calin, Lorena
STREET ADDRESS		6.3 STREET ADDRESS	1450 Atlantic Shores Blvd.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Hallandale, FL 33009

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED 8-16-99 954-454-1194
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)