2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751479

1. Entity Name

THE SEVENTEENTH GREEN CONDOMINIUM ASSOCIATION, I

Country

6. Name and Address of Current Registered Agent

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

Principal Place of Business 1450 ATLANTIC SHORES BLVD HALLANDALE FL 33009

2. Principal Place of Business

Suite, Apt. #, etc.

YABLIN, ARNOLD E 699 S. FEDERAL HWY HOLLYWOOD FL 33020

City & State

Zip

SIGNATURE

Mailing Address

3. Mailing Address

City & State

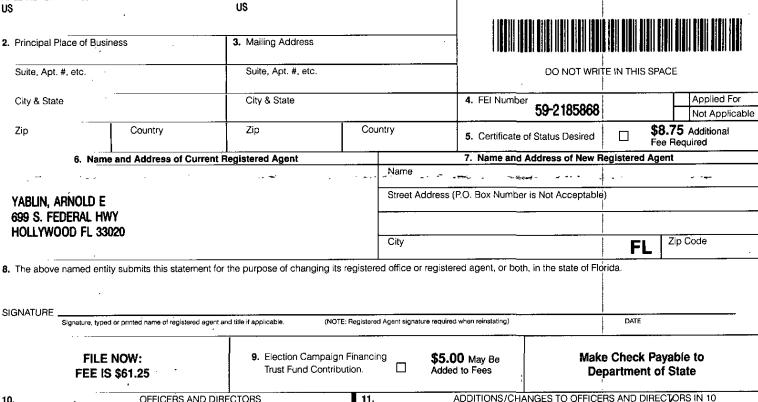
Zip

Suite, Apt. #, etc.

P.O. BOX 221248 HOLLYWOOD FL 33022-1248

FILED May 05, 2000 8:00 am Secretary of State

05-05-2000 90010 008 ****61.25



		Trust Fund Contribution			Department of State		
	, LE 10 401.20		.=.		<u>-</u>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	VPD	☐ Delete	, TITLE	D		🗹 Change	☐ Addition
NAME	Kurianowicz, Henry		NAME	•			Ì
STREET ADDRESS	1450 ATLANTIC SHORES BLVD		STREET ADDRESS				
CITY-ST-ZIP	HALLANDALE FL	/	CITY-ST-ZIP				
TITLE	D	Delete	TITLE	PDerrey P:	I.ov	☐ Change	Addition
NAME	PSOY, ROSE MARIE		NAME	Jeffrey P.	Lowe	D12 #21	
STREET ADDRESS	1450 ATLANTIC SHORES BLVD		STREET ADDRESS	Hallandale	FIG SHIR!	B1vd. #31	٥
CITY-ST-ZIP	HALLANDALE FL 33009	/	CITY-ST-ZIP	narrandare	, 11 3300	, ,	
TITLE	D	Delete -	.TITLE	STD		Change	Addition
NAME	BALAN, GABRIELA		NAME	Constantin	Popa		ļ
STREET ADDRESS	1450 ATLANTIC SHORES BLVD		STREET ADDRESS	1450 Atlan	tic Shrs.	Blvd. #21	7
CITY-ST-ZIP	HALLANDALE FL		CITY-ST-ZIP	Hallandale	, FE 330 ₀ 0	19 /	
TITLE	STD	☐ Delete	TITLE	VPD		Change	Addition
NAME	WEAVER, BARBARA		NAME				
STREET AODRESS	1450 ATLANTIC SHORES BLVD		STREET ADDRESS				
CITY-ST-ZIP	HALLANDALE FL 33009	/	CITY-ST-ZIP				
TITLE	D	▼ Delete	TITLE	DΩ		☐ Change	Addition
NAME	CALIN, LORENA		NAME	Vasile R.			
STREET ADDRESS	1450 ATLANTIC SHORES BLVD		STREET ADDRESS	1450 Atlan	tic Shrs.	Blvd. #12	1
CITY-ST-ZIP	HALLANDALE FL 33009	•	CITY-ST-ZIP	Hallandale	, FL 3300	19	
TITLE	**	☐ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME				
STREET ADDRESS		•	STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				

Country

City

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachm

SIGNATURE