

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

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

**DOCUMENT # 751479**

1. Entity Name

**THE SEVENTEENTH GREEN CONDOMINIUM ASSOCIATION, I**

Principal Place of Business

Mailing Address

1450 ATLANTIC SHORES BLVD  
 HALLANDALE FL 33009  
 US

P.O. BOX 221248  
 HOLLYWOOD FL 33022-1248  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2185868**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Delete
NAME	KURIANOWICZ, HENRY	
STREET ADDRESS	1450 ATLANTIC SHORES BLVD	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PSOY, ROSE MARIE	
STREET ADDRESS	1450 ATLANTIC SHORES BLVD	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BALAN, GABRIELA	
STREET ADDRESS	1450 ATLANTIC SHORES BLVD	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	WEAVER, BARBARA	
STREET ADDRESS	1450 ATLANTIC SHORES BLVD	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CALIN, LORENA	
STREET ADDRESS	1450 ATLANTIC SHORES BLVD	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	RD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeffrey P. Lowe	
STREET ADDRESS	1450 Atlantic Shrs. Blvd. #318	
CITY-ST-ZIP	Hallandale, FL 33009	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Constantin Popa	
STREET ADDRESS	1450 Atlantic Shrs. Blvd. #217	
CITY-ST-ZIP	Hallandale, FL 33009	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vasile R. Calin	
STREET ADDRESS	1450 Atlantic Shrs. Blvd. #121	
CITY-ST-ZIP	Hallandale, FL 33009	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 attachment with an address, with all other lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JEFFREY P. LOWE** 4-24-00 954-454-1194

Date

Daytime Phone #

CR2E037 (9/99)