

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 24, 2006
Secretary of State

DOCUMENT# N04000003032

Entity Name: INTERGROUP 17, INC.

Current Principal Place of Business:3666 NE 25TH STREET
A
OCALA, FL 34470 US**New Principal Place of Business:****Current Mailing Address:**PO BOX 1192
OCALA, FL 34478 US**New Mailing Address:**3666 N.E. 25TH STREET
SUITE A
OCALA, FL 34470 US

FEI Number: 59-3408982

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:THRIFT, RUTH E MANAGER
3718 NE 8TH PLACE
APT 106B
OCALA, FL 34470 US**Name and Address of New Registered Agent:**NICHOLS, DEBORAH MANAGER
3666 N.E. 25TH STREET
SUITE A
OCALA, FL 34470 US

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: DEBORAH NICHOLS

10/24/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: P () Delete
Name: LANZ, ROBERT
Address: 4823 SE 11TH PL
City-St-Zip: OCALA, FL 34471 USTitle: VP () Delete
Name: DUNN, THOMAS
Address: 10620 SW 27TH AVE
City-St-Zip: OCALA, FL 34476 USTitle: T () Delete
Name: WARD, KEN
Address: 12 CARRY BACK RD
City-St-Zip: OCALA, FL 34482 USTitle: S () Delete
Name: MORRIS, BONNIE
Address: 2306 SE 20TH CIR
City-St-Zip: OCALA, FL 34471 USTitle: AL () Delete
Name: PALMA, VICKI
Address: 3990 SE 22ND AVE
City-St-Zip: OCALA, FL 34480 USTitle: AL () Delete
Name: HENDERSON, SMILEY
Address: 6704 LAKEWOOD DR
City-St-Zip: OCALA, FL 34472 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: VP (X) Change () Addition
Name: DUNNE, THOMAS
Address: 10620 SW 27TH AVE
City-St-Zip: OCALA, FL 34476 USTitle: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT LANZ

P

10/24/2006

Electronic Signature of Signing Officer or Director

Date