

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004709

FILED  
Mar 23, 2007  
Secretary of State

**Entity Name:** KING XVII CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

13315 NE 6TH AVE - APT 1/OFFICE  
N MIAMI, FL 33161

**New Principal Place of Business:**

**Current Mailing Address:**

13315 NE 6TH AVE - APT 1/OFFICE  
N MIAMI, FL 33161

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FEINBERG, JEFFREY ESQ  
4000 HOLLYWOOD BLVD  
STE 350  
HOLLYWOOD, FL 33021 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CHELMINSKY, STEVE  
Address: 13315 NE 6TH AVE - UNIT 1  
City-St-Zip: N MIAMI, FL 33161

Title: VPD ( ) Delete  
Name: CHELMINSKY, ALLEN  
Address: 3988 194 LN  
City-St-Zip: SUNNY ISLES, FL 33160

Title: SD ( ) Delete  
Name: COHEN, KOBI  
Address: 19390 COLLINS AVE - APT 721A  
City-St-Zip: SUNNY ISLES, FL 33160

Title: T ( ) Delete  
Name: COHEN, ELI  
Address: 9273 COLLINS AVE - APT 105  
City-St-Zip: SURFSIDE, FL 33159

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) 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: STEVE CHELMINSKY

PD

03/23/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date