

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
May 01, 2007 8:00 am
Secretary of State**

05-01-2007 90038 045 ***158.75

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| DOCUMENT # P03000020867 | |  |
| 1. Entity Name BOYNTON BEACH XVII CORPORATION | | |

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| Principal Place of Business 1600 SAWGRASS CORP PKWY SUITE 300 SUNRISE, FL 33323 | Mailing Address 1600 SAWGRASS CORP PKWY SUITE 300 SUNRISE, FL 33323 |
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

| | | |
|---|--|--|
| 6. Name and Address of Current Registered Agent GRANT, MARK F 200 EAST BROWARD BLVD. 15TH FLOOR FORT LAUDERDALE, FL 33301 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP EZRATTI, ITZHAK 1600 SAWGRASS CORP PKWY SUITE 300 SUNRISE, FL 33323 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V HELPMAN, STEVEN M. 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VAS FANT, ALAN J 1600 SAWGRASS CORP PKWY SUITE 300 SUNRISE, FL 33323 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V COSTELLO, RICHARD A 1600 SAWGRASS CORP PKWY SUITE 300 SUNRISE, FL 33323 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V NORWALK, RICHARD M 1600 SAWGRASS CORP PKWY SUITE 300 SUNRISE, FL 33323 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VT MENENDEZ, N. MARIA 1600 SAWGRASS CORP PKWY SUITE 300 SUNRISE, FL 33323 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S CORBAN, PAUL 1600 SAWGRASS CORP PKWY SUITE 300 SUNRISE, FL 33323 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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 like empowered.

SIGNATURE: 
N. MARIA MENENDEZ, VICE PRESIDENT
4/27/07
954-753-1730
Daytime Phone #