

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000010279**

1. Entity Name  
7171 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
7171 N UNIVERSITY DRIVE  
SUITE 100  
TAMARAC, FL 33321

Mailing Address  
7171 N UNIVERSITY DRIVE  
SUITE 100  
TAMARAC, FL 33321



01102006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0471334

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

WEINBERG, STEVEN A  
7805 SW 6 COURT  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

00000393873  
02/01/06-80030-019 61.25

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
FOX, IRA B  
7171 N UNIVERSITY DRIVE  
TAMARAC, FL 33321

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VSD  
LASNER, JAY E  
7171 N UNIVERSITY DRIVE  
TAMARAC, FL 33321

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TD  
BERKOWITZ, RICHARD D  
7171 N UNIVERSITY DRIVE  
TAMARAC, FL 33321

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, within other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #