


**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.	
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Principal Place of Business 7171 N UNIVERSITY DRIVE SUITE 100 TAMARAC, FL 33321	Mailing Address 7171 N UNIVERSITY DRIVE SUITE 100 TAMARAC, FL 33321
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01102006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0471334	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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, with an other like empowered.

SIGNATURE: _____ Date: 1/19/06 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR