

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90029 031 ****61.25

DOCUMENT # N01000001163

1. Entity Name
MASADA CONDOMINIUM ASSOCIATION INC.



Principal Place of Business
**3901 INDIAN CREEK DR, BOX 518
MIAMI BEACH, FL 33140**

Mailing Address
**3901 INDIAN CREEK DR, BOX 518
MIAMI BEACH, FL 33140**

50007020



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01172005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0349429

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BERGER, WILLIAM
3901 INDIAN CREEK DR, #308
MIAMI BEACH, FL 33140**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BERGER, WILLIAM	
STREET ADDRESS	3901 INDIAN CREEK DR, #308	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	V	<input type="checkbox"/> Delete
NAME	KAMINER, EUGENE	
STREET ADDRESS	3901 INDIAN CREEK DR, #408	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	T	<input type="checkbox"/> Delete
NAME	KALISCH, JACOB	
STREET ADDRESS	3901 INDIAN CREEK DR, #305	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WEIDBERG, DAVID	
STREET ADDRESS	3901 INDIAN CREEK DR, #403	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEDINA, TERESA	
STREET ADDRESS	3901 INDIAN CREEK DR, #506	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	D	<input type="checkbox"/> Delete
NAME	KLEIN, IRENE	
STREET ADDRESS	3901 INDIAN CREEK DR, #207	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIEBER, LEO	
STREET ADDRESS	3901 Indian Creek #409	
CITY-ST-ZIP	Miami Beach, FL 33140	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRIEDMAN, HERMAN	
STREET ADDRESS	3901 Indian Creek Dr #204	
CITY-ST-ZIP	Miami Beach, FL 33140	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 all other like empowered.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X Jan 20 x 3056730913
Date Daytime Phone #