

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2006 08:00 AM
Secretary of State

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**



07192006 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0349429

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**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 September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME **BERGER, WILLIAM**
STREET ADDRESS **3901 INDIAN CREEK DR, #308**
CITY-ST-ZIP **MIAMI BEACH, FL 33140**

TITLE V
NAME **KAMINER, EUGENE**
STREET ADDRESS **3901 INDIAN CREEK DR, #408**
CITY-ST-ZIP **MIAMI BEACH, FL 33140**

TITLE T
NAME **KALISCH, JACOB**
STREET ADDRESS **3901 INDIAN CREEK DR, #305**
CITY-ST-ZIP **MIAMI BEACH, FL 33140**

TITLE D
NAME **LIEBER, LEO**
STREET ADDRESS **3901 INDIAN CREEK DR, #403**
CITY-ST-ZIP **MIAMI BEACH, FL 33140**

TITLE D
NAME **MEDINA, TERESA**
STREET ADDRESS **3901 INDIAN CREEK DR, #506**
CITY-ST-ZIP **MIAMI BEACH, FL 33140**

TITLE D
NAME **KLEIN, IRENE**
STREET ADDRESS **3901 INDIAN CREEK DR, #207**
CITY-ST-ZIP **MIAMI BEACH, FL 33140**

U000000572907
08/01/06-80005-005 61.25

**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 all other like empowered.

SIGNATURE:

William Berger
William Berger

7/21/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #