

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2007 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



02192007 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 May 1, 2007**

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

U00000643897  
03/02/07-80020-019 61.25

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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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #