2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2009
Secretary of State

DOCUMENT# N01000001163

Entity Name: MASADA CONDOMINIUM ASSOCIATION INC.

Current Principal Place of Business:

3901 INDIAN CREEK DR, BOX 518
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

3901 INDIAN CREEK DR, BOX 518
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: 65-0349429 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	BERGER, WILLIAM	
Address:	3901 INDIAN CREEK DR, #308	
City-St-Zip:	MIAMI BEACH, FL 33140	
Title:	V	( ) Delete
Name:	KAMINER, EUGENE	
Address:	3901 INDIAN CREEK DR, #408	
City-St-Zip:	MIAMI BEACH, FL 33140	
Title:	T	( ) Delete
Name:	KALISCH, JACOB	
Address:	3901 INDIAN CREEK DR, #305	
City-St-Zip:	MIAMI BEACH, FL 33140	
Title:	D	( ) Delete
Name:	LIEBER, LEO	
Address:	3901 INDIAN CREEK DR, #403	
City-St-Zip:	MIAMI BEACH, FL 33140	
Title:	D	(X) Delete
Name:	MEDINA, TERESA	
Address:	3901 INDIAN CREEK DR, #506	
City-St-Zip:	MIAMI BEACH, FL 33140	
Title:	D	( ) Delete
Name:	KLEIN, IRENE	
Address:	3901 INDIAN CREEK DR, #207	
City-St-Zip:	MIAMI BEACH, FL 33140	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM BERGER P 02/17/2009

Electronic Signature of Signing Officer or Director — Date