

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001163

FILED  
Apr 16, 2011  
Secretary of State

**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  
Name: BERGER, WILLIAM  
Address: 3901 INDIAN CREEK DR, #308  
City-St-Zip: MIAMI BEACH, FL 33140

Title: V  
Name: KAMINER, EUGENE  
Address: 3901 INDIAN CREEK DR, #408  
City-St-Zip: MIAMI BEACH, FL 33140

Title: T  
Name: KALISCH, JACOB  
Address: 3901 INDIAN CREEK DR, #305  
City-St-Zip: MIAMI BEACH, FL 33140

Title: D  
Name: LIEBER, LEO  
Address: 3901 INDIAN CREEK DR, #403  
City-St-Zip: MIAMI BEACH, FL 33140

Title: D  
Name: KLEIN, IRENE  
Address: 3901 INDIAN CREEK DR, #207  
City-St-Zip: MIAMI BEACH, FL 33140

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM BERGER

P

04/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date