

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001163

Entity Name: MASADA CONDOMINIUM ASSOCIATION INC.**Current Principal Place of Business:**3901 INDIAN CREEK DR, BOX 518
MIAMI BEACH, FL 33140**Current Mailing Address:**3901 INDIAN CREEK DR, BOX 518
MIAMI BEACH, FL 33140**FEI Number:** 65-0349429**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LIEBERMAN, LILIANE
3901 INDIAN CREEK DR, #518
MIAMI BEACH, FL 33140 US*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:** LILIANE LIEBERMAN

01/23/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

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

Title SECRETARY
Name LIEBERMAN, LILIANE
Address 3901 INDIAN CREEK DRIVE, #404
City-State-Zip: MIAMI BAECH 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: LILIANE LIEBERMAN**SECRETARY**

01/23/2013

Electronic Signature of Signing Officer/Director Detail

Date