

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000008654

**FILED**  
**Jan 11, 2024**  
**Secretary of State**  
**4820615948CC**

**Entity Name:** CONTINUUM ON SOUTH BEACH MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

40 SOUTH POINTE DRIVE  
SUITE 111  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

40 SOUTH POINTE DRIVE  
SUITE 111  
MIAMI BEACH, FL 33139 US

**FEI Number: 04-3722946**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BECKER & POLIAKOFF, PA  
2525 PONCE DE LEON BLVD  
SUITE 825  
CORAL GABLES, FL 33134 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: ROSA M. DE LA CAMARA**

**01/11/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           DIRECTOR, PRESIDENT  
Name           MARKS, KEITH  
Address        40 SOUTH POINTE DRIVE  
                  SUITE 111  
City-State-Zip: MIAMI BEACH FL 33139

Title           DIRECTOR, VP  
Name           JEFFREY, HECKTMAN  
Address        40 SOUTH POINTE DRIVE  
                  SUITE 111  
City-State-Zip: MIAMI BEACH FL 33139

Title           DIRECTOR, TREASURER  
Name           LASALANDRA , JOHN  
Address        40 SOUTH POINTE DRIVE  
                  SUITE 111  
City-State-Zip: MIAMI BEACH FL 33139

Title           DIRECTOR  
Name           NUSSBAUM, JONATHAN  
Address        40 SOUTH POINTE DRIVE  
                  SUITE 111  
City-State-Zip: MIAMI BEACH FL 33139

Title           DIRECTOR, SECRETARY  
Name           MARK, ZBOROVSKY  
Address        40 SOUTH POINTE DRIVE  
                  SUITE 111  
City-State-Zip: MIAMI BEACH FL 33139

*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: MARKS, KEITH**

**PRESIDENT**

**01/11/2024**

Electronic Signature of Signing Officer/Director Detail

Date