

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 692358

Entity Name: MASADA HOMES, INC.

**FILED**  
**Apr 22, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

24100 TISEO BLVD.  
UNIT 6  
PT CHARLOTTE, FL 33983

**New Principal Place of Business:**

**Current Mailing Address:**

24100 TISEO BLVD.  
UNIT 6  
PT CHARLOTTE, FL 33983

**New Mailing Address:**

FEI Number: 59-2212994

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

POPA, PHILIP G  
23414 PAINTER AVENUE  
PORT CHARLOTTE, FL 33954 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: PDT  
Name: POPA, PHILIP G  
Address: 23414 PAINTER AVENUE  
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: ST  
Name: POPA, SHARON S  
Address: 23414 PAINTER AVE  
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: V  
Name: POPA, BRANDON C  
Address: 8172 BARNWELL ST.  
City-St-Zip: ARCADIA, FL 34266

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PHILIP G. POPA

P

04/22/2011

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

\_\_\_\_\_  
Date