

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90029 031 ****61.25

DOCUMENT # N01000001163

1. Entity Name
MASADA CONDOMINIUM ASSOCIATION INC.



Principal Place of Business
**3901 INDIAN CREEK DR, BOX 518
MIAMI BEACH, FL 33140**

Mailing Address
**3901 INDIAN CREEK DR, BOX 518
MIAMI BEACH, FL 33140**

50007020



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01172005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0349429

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **BERGER, WILLIAM**
STREET ADDRESS **3901 INDIAN CREEK DR, #308**
CITY-ST-ZIP **MIAMI BEACH, FL 33140**

TITLE **V** ☐ Delete
NAME **KAMINER, EUGENE**
STREET ADDRESS **3901 INDIAN CREEK DR, #408**
CITY-ST-ZIP **MIAMI BEACH, FL 33140**

TITLE **T** ☐ Delete
NAME **KALISCH, JACOB**
STREET ADDRESS **3901 INDIAN CREEK DR, #305**
CITY-ST-ZIP **MIAMI BEACH, FL 33140**

TITLE **D** ☒ Delete
NAME **WEIDBERG, DAVID**
STREET ADDRESS **3901 INDIAN CREEK DR, #403**
CITY-ST-ZIP **MIAMI BEACH, FL 33140**

TITLE **D** ☐ Delete
NAME **MEDINA, TERESA**
STREET ADDRESS **3901 INDIAN CREEK DR, #506**
CITY-ST-ZIP **MIAMI BEACH, FL 33140**

TITLE **D** ☐ Delete
NAME **KLEIN, IRENE**
STREET ADDRESS **3901 INDIAN CREEK DR, #207**
CITY-ST-ZIP **MIAMI BEACH, FL 33140**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **LIEBER, LEO** ☐ Change ☒ Addition
NAME **LIEBER, LEO**
STREET ADDRESS **3901 Indian Creek #409**
CITY-ST-ZIP **Miami Beach, FL 33140**

TITLE **FRIEDMAN, HERMAN** ☐ Change ☒ Addition
NAME **FRIEDMAN, HERMAN**
STREET ADDRESS **3901 Indian Creek Dr #204**
CITY-ST-ZIP **Miami Beach, FL 33140**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X Jan 20 x 3056730913
Date Daytime Phone #