2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State
04-09-2008 90018 044 ****61.25

DOCUMENT # N01000001163

1. Entity Name
MASADA CONDOMINIUM ASSOCIATION INC.

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

DO NOT WRITE IN THIS SPACE

03192008 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0349429
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BERGER, WILLIAM
STREET ADDRESS	3901 INDIAN CREEK DR, #308
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	V
NAME	KAMINER, EUGENE
STREET ADDRESS	3901 INDIAN CREEK DR, #408
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	T
NAME	KALISCH, JACOB
STREET ADDRESS	3901 INDIAN CREEK DR, #305
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	D
NAME	LIEBER, LEO
STREET ADDRESS	3901 INDIAN CREEK DR, #403
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	D
NAME	~~MEDINA, TERESA~~ Vivian Brecher
STREET ADDRESS	3901 INDIAN CREEK DR, ~~#506~~ 203
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	D
NAME	KLEIN, IRENE
STREET ADDRESS	3901 INDIAN CREEK DR, #207
CITY-ST-ZIP	MIAMI BEACH, FL 33140

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: William Berger 3/20/08 (305) 673-0913
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #