2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003179

FILED Apr 23, 2006 Secretary of State

Entity Name: MASADA II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 3737 INDIAN CREEK DRIVE MIAMI BEACH, FL 33140 **Current Mailing Address: New Mailing Address:** 3737 INDIAN CREEK DRIVE MIAMI BEACH, FL 33140 FEI Number: 65-0926575 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LIPSKAR, YOSIE C/O BEACH PROPERTIES INC 3100 COLLINS AVE MIAMI, 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition TORIUM, SHLOIME Name: Name: 3737 INDIAN CREEK DR Address: Address: City-St-Zip: MIAMI BEACH, FL 33140 City-St-Zip: Title: () Delete Title: () Change () Addition EISENBERG, MOSHE Name: Name: Address: 3737 INDIAN CREEK DR Address: City-St-Zip: MIAMI BEACH, FL 33140 City-St-Zip: Title: () Delete Title: () Change () Addition MARKOWITS, JOSEPH Name: Name: 3737 INDIAN CREEK DRIVE Address: Address: City-St-Zip: MIAMI BEACH, FL 33140 City-St-Zip: Title: () Delete Title: () Change () Addition Name: EISENBERG, MORDECHAI Name: 3737 INDIAN CREEK DRIVE Address: Address: City-St-Zip: MIAMI BEACH, FL 33140 City-St-Zip: Title: Title: () Delete () Change () Addition LICHTENSTEIN, EUGEN Name: Name: 3737 INDIAN CREEK DRIVE Address: Address: City-St-Zip: MIAMI BEACH, FL 33140 City-St-Zip: Title: () Delete Title: () Change (X) Addition GROSSMAN, HESHEL DIR Name: Name: Address: Address: 3737 INDIAN CREEK DR MIAMI BEACH, FL 33140 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SHLOIME TORIM P 04/23/2006