

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003179

FILED
Apr 21, 2009
Secretary of State

Entity Name: MASADA II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3737 INDIAN CREEK DRIVE
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

P O BOX 403818
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: 65-0926575

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIPSKAR, YOSIE
C/O BEACH PROPERTIES INC
3100 COLLINS AVE
MIAMI, FL 33140 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: P () Delete
Name: TORIUM, SHLOIME
Address: 3737 INDIAN CREEK DR
City-St-Zip: MIAMI BEACH, FL 33140

Title: EVP () Delete
Name: EISENBERG, MOSHE
Address: 3737 INDIAN CREEK DR
City-St-Zip: MIAMI BEACH, FL 33140

Title: T () Delete
Name: MARKOWITS, JOSEPH
Address: 3737 INDIAN CREEK DRIVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: D () Delete
Name: EISENBERG, MORDECHAI
Address: 3737 INDIAN CREEK DRIVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: D () Delete
Name: LICHTENSTEIN, EUGEN
Address: 3737 INDIAN CREEK DRIVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: D (X) Delete
Name: GROSSMAN, HESHEL DIR
Address: 3737 INDIAN CREEK DR
City-St-Zip: MIAMI BEACH, FL 33140 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TORIM, SHLOIME
Address: 3737 INDIAN CREEK DR
City-St-Zip: MIAMI BEACH, FL 33140

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SOFFER, JOSEPH
Address: 3737 INDIAN CREEK DRIVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: S TORIM

P

04/21/2009

Electronic Signature of Signing Officer or Director

Date