

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 27 PM 4:14

DOCUMENT # **N35614 (9)**

1. Corporation Name  
**PLATINA COMMUNITY MASTER ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
C/O MICHAEL GREENBERG 4400 W SAMPLE ROAD  
2400 LYONS ROAD SUITE 200  
COCONUT CREEK FL 33063-3822 COCONUT CREEK FL 33073  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/12/1989 3a. Date of Last Report 05/01/1994  
4. FEI Number 65-0169827 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 4400 W. Sample Road 26  
Suite, Apt. #, etc. 27  
22 Suite 200  
City & State 28  
23 Coconut Creek FL  
Zip Country 29  
24 33073 25 U.S. 30

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
GREENBERG, MICHAEL  
4400 WEST SAMPLE ROAD  
SUITE 200  
COCONUT CREEK FL 33073

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RODGERS, FRANK
STREET ADDRESS	4400 W SAMPLE RD SUITE 200
CITY-ST-ZIP	COCONUT CREEK FL
TITLE	VD
NAME	CLEMENT, GARY
STREET ADDRESS	4400 W SAMPLE RD STE 200
CITY-ST-ZIP	COCONUT CREEK FL
TITLE	STD
NAME	BEER, T R
STREET ADDRESS	4400 W SAMPLE ROAD STE 200
CITY-ST-ZIP	COCONUT CREEK FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Frank Rodgers Frank Rodgers 1/27/95 (305) 993-1490  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #