

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N35614 (9)**
1. Corporation Name

PLATINA COMMUNITY MASTER ASSOCIATION, INC.



Principal Place of Business

Mailing Address

4400 W. SAMPLE ROAD
200
COCONUT CREEK FL 33073
US

4400 W SAMPLE ROAD
SUITE 200
COCONUT CREEK FL 33073
US

3. Date Incorporated or Qualified: **12/12/1989**
3a. Date of Last Report: **01/27/1995**

2. Principal Place of Business
21 **9640 PLATINA AVENUE**
Suite, Apt. #, etc.
22
City & State: **BOYNTON BEACH FLA**
Zip: **33437**
Country: **PALEM BEACH**
25
26 **9640 PLATINA AVENUE**
Suite, Apt. #, etc.
27
City & State: **BOYNTON BEACH**
Zip: **33437**
Country: **PALEM BEACH**
29
30

4. FEI Number: **65-0169827**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GREENBERG, MICHAEL
4400 WEST SAMPLE ROAD
SUITE 200
COCONUT CREEK FL 33073

81 Name: **ARTHUR FRIE**
82 Street Address (P.O. Box Number is Not Acceptable): **9640 PLATINA AVE**
83
84 City: **BOYNTON BEACH** FL 85 Zip Code: **33437**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(Not Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|----------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | RODGERS, FRANK | |
| STREET ADDRESS | 4400 W SAMPLE RD SUITE 200 | |
| CITY-ST-ZIP | COCONUT CREEK FL | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | CLEMENT, GARY | |
| STREET ADDRESS | 4400 W SAMPLE RD STE 200 | |
| CITY-ST-ZIP | COCONUT CREEK FL | |
| TITLE | STD | <input checked="" type="checkbox"/> DELETE |
| NAME | BEER, T R | |
| STREET ADDRESS | 4400 W SAMPLE ROAD STE 200 | |
| CITY-ST-ZIP | COCONUT CREEK FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|--------------------|-------------------------|--|
| 1.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | ARTHUR FRIE | |
| 1.3 STREET ADDRESS | 5265 F BRISATA CIRCLE | |
| 1.4 CITY-ST-ZIP | BOYNTON BEACH FLA 33437 | |
| 2.1 TITLE | VT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | NORMAN SPIELER | |
| 2.3 STREET ADDRESS | 5133C BRISATA CIRCLE | |
| 2.4 CITY-ST-ZIP | BOYNTON BEACH FLA 33437 | |
| 3.1 TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | GAIL BOKISH | |
| 3.3 STREET ADDRESS | 5107E EUROPA DRIVE | |
| 3.4 CITY-ST-ZIP | BOYNTON BEACH FLA 33437 | |
| 4.1 TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | MILTON BANKOFF | |
| 4.3 STREET ADDRESS | 5187H EUROPA DRIVE | |
| 4.4 CITY-ST-ZIP | BOYNTON BEACH FLA 33437 | |
| 5.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | DAVID GREEN | |
| 5.3 STREET ADDRESS | 5451C VILLOVA DRIVE | |
| 5.4 CITY-ST-ZIP | BOYNTON BEACH FLA 33437 | |
| 6.1 TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | 900001818309 | |
| 6.3 STREET ADDRESS | -05/13/96--01035--005 | |
| 6.4 CITY-ST-ZIP | ***61.25 | |

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 119.07(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: *Norman Spierer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4-10-96** Daytime Phone #: **407-736-3425**

CR2E037 (12/95)