


FILE NOW: FILING FEE IS \$61.25

FILED

**Jan 28 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N35614 (9)
1. Corporation Name
PLATINA COMMUNITY MASTER ASSOCIATION, INC.



Principal Place of Business 9640 PLANTINA AVE. BOYNTON FL 33437 US	Mailing Address 9640 PLANTINA AVE. BOYNTON FL 33437 US
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3. Date Incorporated or Qualified
12/12/1989

4. FEI Number
65-0169827

Applied For	
Not Applicable	<input checked="" type="checkbox"/>

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State	27 City & State
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6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip	25 Country	28 Zip	30 Country
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7. Is this nonprofit corporation a homeowners association?
 Yes No

24 25 29 30

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**FRIE, ARTHUR
9640 PLANTINA AVE.
BOYNTON BEACH FL 33437**

10. Name and Address of New Registered Agent

81 Name	MICHAEL STONE
82 Street Address (P.O. Box Number is Not Acceptable)	5188 E EUROPA DRIVE
83	
84 City	BOYNTON BEACH
85 State	FL
86 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 *Arthur Frie, President* 1-8-98 DATE

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	FRIE, ARTHUR	1.2 NAME	MICHAEL STONE
STREET ADDRESS	5265 F BRISATA CIRCLE	1.3 STREET ADDRESS	5188 E EUROPA DR
CITY-ST-ZIP	BOYNTON BEACH FL 33437	1.4 CITY-ST-ZIP	BOYNTON BEACH, FLA 33437
TITLE	VT	2.1 TITLE	VP
NAME	SPIEGEL, NORMAN	2.2 NAME	MARIO ARCADIO
STREET ADDRESS	5133 C BRISATA CIRCLE	2.3 STREET ADDRESS	5391 H. VILONA DRIVE
CITY-ST-ZIP	BOYNTON BEACH FL 33473	2.4 CITY-ST-ZIP	BOYNTON BEACH FL 33437
TITLE	D	3.1 TITLE	V.P.
NAME	LEWIS, NORMAN	3.2 NAME	MILTON BANKOFF
STREET ADDRESS	5158 D FLORIDA WAY	3.3 STREET ADDRESS	5187 H. EUROPA DRIVE
CITY-ST-ZIP	BOYNTON FL	3.4 CITY-ST-ZIP	BOYNTON BEACH, FLA 33437
TITLE	SD	4.1 TITLE	SEC
NAME	BANKOFF, MILTON	4.2 NAME	KATHRYN GOLDMAN
STREET ADDRESS	5187 H EUROPA DR	4.3 STREET ADDRESS	5251 E BRISATA CIRCLE
CITY-ST-ZIP	BOYNTON BEACH FL	4.4 CITY-ST-ZIP	BOYNTON BEACH FLA 33437
TITLE	D	5.1 TITLE	MEM
NAME	STONE, MICHAEL	5.2 NAME	SKYMONK I. FRIGOMAN
STREET ADDRESS	5188 E EUROPA DR	5.3 STREET ADDRESS	5203 L EUROPA DR
CITY-ST-ZIP	BOYNTON BEACH FL	5.4 CITY-ST-ZIP	BOYNTON BEACH FL 33437
TITLE	D	6.1 TITLE	DIRECTOR
NAME	GOLDMAN, KATHRYN	6.2 NAME	MARVIN SIMKIN
STREET ADDRESS	5253 I BRISATA CIRCLE	6.3 STREET ADDRESS	5439 G VILONA
CITY-ST-ZIP	BOYNTON BEACH FL	6.4 CITY-ST-ZIP	BOYNTON BEACH FLA 33437

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Arthur Frie, President* 1-8-98 369-1602

CR2E037 (10/97)