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Mar 08, 1999 8:00 am
Secretary of State

004355

NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

03-08-1999 90006 014 ****61.25

DOCUMENT # N35614

1. Corporation Name

PLATINA COMMUNITY MASTER ASSOCIATION, INC.

Kg 'g ✓

Principal Place of Business

9640 PLANTINA AVE.
 BOYNTON FL 33437
 US

Mailing Address

9640 PLANTINA AVE.
 BOYNTON FL 33437
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
12/12/1989

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
65-0169827

Applied For
 Not Applicable

23 City & State
Boynton Beach FL

27 City & State
Boynton Beach FL

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

24 Zip Country

29 Zip Country

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

9. Name and Address of Current Registered Agent

STONE, MICHAEL
 5188 E EUROPA DRIVE
 BOYNTON BEACH FL 33437

10. Name and Address of New Registered Agent

81 Name **ARTHUR FRIE**
 82 Street Address (P.O. Box Number is Not Acceptable)
5265 F BRISATA Circle
 83 **Boynton Beach**
 84 City **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]*
 Signature, typed or printed name of registered agent and title if applicable.

ARTHUR FRIE
 (NOTE: Registered Agent signature required when reinstating)

2-3-99
 DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	STONE, MICHAEL	
STREET ADDRESS	5188 E EUROPA DR	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	ACCARDO, MARIO	
STREET ADDRESS	5391 H VERONA DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BANKOFF, MILTON	
STREET ADDRESS	5187 H EUROPA DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GOLDMAN, KATHRYN	
STREET ADDRESS	5251 I BRISATA CIR	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	FRIEDMAN, SEYMOUR I	
STREET ADDRESS	5203 L EUROPA DR	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SIMKIN, MARVIN	
STREET ADDRESS	5439 G EUROPA DR	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ARTHUR FRIE	
1.3 STREET ADDRESS	5265 F BRISATA Circle	
1.4 CITY-ST-ZIP	BOYNTON BEACH FL 33437	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SALVATORE MACALUSO	
2.3 STREET ADDRESS	5265 L BRISATA Circle	
2.4 CITY-ST-ZIP	BOYNTON BEACH FL 33437	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MILTON Bankoff	
3.3 STREET ADDRESS	5187 H EUROPA Drive	
3.4 CITY-ST-ZIP	BOYNTON BEACH FL 33437	
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	KATHRYN GOLDMAN	
4.3 STREET ADDRESS	5251 I BRISATA Circle	
4.4 CITY-ST-ZIP	BOYNTON BEACH FL 33437	
5.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	STANLEY RUBINSON	
5.3 STREET ADDRESS	5298 D EUROPA Drive	
5.4 CITY-ST-ZIP	BOYNTON BEACH FL 33437	
6.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	MARVIN SIMKINS	
6.3 STREET ADDRESS	5439 G VERONA Drive	
6.4 CITY-ST-ZIP	BOYNTON BEACH FL 33437	

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, with all other like empowered.

SIGNATURE: *[Signature]* **ARTHUR FRIE**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/99 **(561)**
736-3425
 Date Daytime Phone #

CR2E037 (11/98)