

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90278 017 \*\*\*\*61.25

**DOCUMENT # N35614**

1. Entity Name

**PLATINA COMMUNITY MASTER ASSOCIATION, INC.**

604584



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

9640 PLANTINA AVE.  
 BOYNTON BCH. FL  
 US

9640 PLANTINA AVE.  
 BOYNTON BCH. FL 33437-2143  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boynton Beach FL

City & State

Boynton Beach FL

4. FEI Number

65-0169827

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRIE, AUTHUR  
 5265 F BRISATA CIRCLE  
 BOYNTON BEACH FL 33437

Name

ARTHUR FRIE

Street Address (P.O. Box Number is Not Acceptable)

5265 F BRISATA Circle

1

City

Boynton Beach

FL

Zip Code

33437

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	FRIE, ARTHUR	
STREET ADDRESS	5265 F BRISATA CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MACALUSO, SALVATORE	
STREET ADDRESS	5265 L BRISATA CIR.	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	D	<input checked="" 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 type="checkbox"/> Delete
NAME	RUBINSON, STANLEY	
STREET ADDRESS	5251 D EUROPA DR.	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SIMKINS, MARVIN	
STREET ADDRESS	5439 G VERONA DR	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	

TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William Kramer	
STREET ADDRESS	5187 N. EUROPA DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELLIS WEINBERG	
STREET ADDRESS	5253 P BRISATA Circle	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES MARRONE	
STREET ADDRESS	5454 J FIRENZE DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	2nd Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATHRYN GOLDMAN	
STREET ADDRESS	5251 I BRISATA Circle	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Arthur Frie*

**MR. ARTHUR FRIE**  
 C.M.A. President

1-5-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)