

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2001 8:00 am
Secretary of State

01-26-2001 90109 001 ****61.25

DOCUMENT # N35614
 1. Entity Name
PLATINA COMMUNITY MASTER ASSOCIATION, INC.

| | |
|--|--|
| Principal Place of Business 9640 PLANTINA AVE. BOYNTON BEACH FL US | Mailing Address 9640 PLANTINA AVE. BOYNTON BEACH FL US |
|--|--|

LA



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | |
|------------------------------------|---|--|
| 4. FEI Number 65-0169827 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
|------------------------------------|---|--|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent
**PRESIDENT
 WEINBERG, ELLIS
 5253 P BRISATA CIRCLE
 BOYNTON BEACH, FL 33437**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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: *Stanley Rubinson* **STAN RUBINSON**
 Signature, typed or printed name of registered agent and title if applicable. (Title is required when reinstating)
P.C.M.A. Treasurer DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

| | |
|--|------------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|------------------------------------|

Make Check Payable to Department of State

| 10. OFFICERS AND DIRECTORS | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P WEINBERG, ELLIS 5253 P BRISATA CIRCLE BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP KRAMER, WILLIAM 5187 N EUROPA DRIVE BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D COVITZ, STUART 5450 K VERONA DRIVE BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S FREINT, DOROTHY 5299 B EUROPA DRIVE BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T RUBINSON, STANLEY 5298 D EUROPA DRIVE BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVP SCHULMAN, JEROME 5291 C EUROPA DRIVE BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STARKMAN, JACK 5226 P EUROPA DRIVE BOYNTON BEACH, FL 33437 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

SIGNATURE: *Stanley Rubinson*

STAN RUBINSON
P.C.M.A. Treasurer

7/18/01 736-3425 (J61)

CR2E037 (5/01)