


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90100 003 ****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		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	



04132004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0169827

Applied For
Not Applicable

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					
SAYER, ALAN G. 2313 23RD LANE PALM BEACH GARDENS, FL 33418				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. I am familiar with, and accept the obligations of registered agent.

ALAN G. SAYER
P.C.M.A. General Manager

SIGNATURE *Alan G. Sayer*
 Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/04

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DP	<input checked="" type="checkbox"/> Delete		TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KRAMER, WILLIAM			NAME	MACALUSO, SALVATORE		
STREET ADDRESS	5187 EUROPA DR APT. N			STREET ADDRESS	5265 BRISATA CIRCLE #L		
CITY-ST-ZIP	BOYNTON BEACH, FL 33437			CITY-ST-ZIP	BOYNTON BEACH, FL 33437		
TITLE	DV	<input checked="" type="checkbox"/> Delete		TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MACALUSO, SALVATORE			NAME	SACHS, NORMAN		
STREET ADDRESS	5265 BRISATA CIR APT L			STREET ADDRESS	5430 FIRENZE DR. #B		
CITY-ST-ZIP	BOYNTON BEACH, FL 33437			CITY-ST-ZIP	BOYNTON BEACH, FL 33437		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WEINBERG, ELLIS			NAME	BEBERMAN, BENJAMIN		
STREET ADDRESS	5253 P BRISATA CIRCLE			STREET ADDRESS	5155 EUROPA DR. #I		
CITY-ST-ZIP	BOYNTON BEACH, FL 33437			CITY-ST-ZIP	BOYNTON BEACH, FL 33437		
TITLE	DV	<input checked="" type="checkbox"/> Delete		TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SCHULMAN, JERRY			NAME	SOBEL, ARNOLD		
STREET ADDRESS	5291 EUROPA DR APT. C			STREET ADDRESS	5147 EUROPA DR. #V		
CITY-ST-ZIP	BOYNTON BEACH, FL 33437			CITY-ST-ZIP	BOYNTON BEACH, FL 33437		
TITLE	DT	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RUBINSON, STANLEY			NAME	WATSON, ABRAHAM		
STREET ADDRESS	5251 EUROPA DR APT. D			STREET ADDRESS	5253 BRISATA CIR. #D		
CITY-ST-ZIP	BOYNTON BEACH, FL 33437			CITY-ST-ZIP	BOYNTON BEACH, FL 33437		
TITLE	DS	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FREINT, DOROTHY			NAME	JUSKOWITZ, DIANA		
STREET ADDRESS	5299 EUROPA DR APT. P			STREET ADDRESS	5145 BRISATA CIR. #D		
CITY-ST-ZIP	BOYNTON BEACH, FL 33437			CITY-ST-ZIP	BOYNTON BEACH, FL 33437		

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: *Salvatore J. Macaluso* 4-19-04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAL MACALUSO
P.C.M.A. President
 Date: 4-19-04 Daytime Phone #: 561-4354911