

2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N35614

1. Entity Name
PLATINA COMMUNITY MASTER ASSOCIATION, INC.



FILED
04 SEP -2 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 9640 PLANTINA AVE. BOYNTON BEACH, FL US	Mailing Address 9640 PLANTINA AVE. BOYNTON BEACH, FL US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

08112004 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0169827	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SAYER, ALAN G 2313 23RD LANE PALM BEACH GARDENS, FL 33418	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$61.25	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	PD MACALUSO, SALVATORE	<input type="checkbox"/> Delete	TITLE	D Ellis Weinberg	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	5265 BRISATA CIRCLE #L		NAME	5253 Brisata Cir #P	
STREET ADDRESS	BOYNTON BEACH, FL 33437		STREET ADDRESS	Boynton Beach, FL 33437	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VD SACHS, NORMAN	<input type="checkbox"/> Delete	TITLE	D Diane Juskowitz	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	5430 FIRENZE DR. #B		NAME	5145 Brisata Cir D	
STREET ADDRESS	BOYNTON BEACH, FL 33437		STREET ADDRESS	Boynton Beach, FL 33437	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VD BEBERMAN, BENJAMIN	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5155 EUROPA DR. #I		NAME		
STREET ADDRESS	BOYNTON BEACH, FL 33437		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	TD SOBEL, ARNOLD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5147 EUROPA DR. #V		NAME		
STREET ADDRESS	BOYNTON BEACH, FL 33437		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D WATTON, ABRAHAM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5253 BRISATA CIR. #D		NAME		
STREET ADDRESS	BOYNTON BEACH, FL 33437		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	DS FREINT, DOROTHY	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5299 EUROPA DR APT: P		NAME		
STREET ADDRESS	BOYNTON BEACH, FL 33437		STREET ADDRESS		
CITY-ST-ZIP			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: Alan Sayer 8/18/04 736-3425

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #