

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90063 008 ****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

20032143



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

03282005 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

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

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2005

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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	MACALUSO, SALVATORE	
STREET ADDRESS	5265 BRISATA CIRCLE #L	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SACHS, NORMAN	
STREET ADDRESS	5430 FIRENZE DR. #B	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BEBERMAN, BENJAMIN	
STREET ADDRESS	5155 EUROPA DR. #1	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SOBEL, ARNOLD	
STREET ADDRESS	5147 EUROPA DR. #V	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	D	<input type="checkbox"/> Delete
NAME	WATTON, ABRAHAM	
STREET ADDRESS	5253 BRISATA CIR. #D	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WEINBERG, ELLIS	
STREET ADDRESS	5253 BRISATA CIRCLE #P	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FIDRIGLIO, JOSEPH	
STREET ADDRESS	5131 EUROPA DR. # D	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GROEN, JOANN	
STREET ADDRESS	5195 EUROPA DR. #M	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FREINT, CLYDE	
STREET ADDRESS	5299 EUROPA DR. #B	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: Arnold Sobel ARNOLD SOBEL 4-1-05 561-350-129
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #