



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90033 037 ****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	4. FEI Number 65-0169827	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				5. Certificate of Status Desired <input type="checkbox"/> \$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.					
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, 2006		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	MACALUSO, SALVATORE	<input checked="" type="checkbox"/> Delete	TITLE	PD
NAME				NAME	FIORIGLIO, JOSEPH
STREET ADDRESS		5265 BRISATA CIRCLE #L		STREET ADDRESS	5131 EUROPA DR. #D
CITY-ST-ZIP		BOYNTON BEACH, FL 33437		CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	VD	FIORIGLIO, JOSEPH	<input checked="" type="checkbox"/> Delete	TITLE	VPD
NAME				NAME	FREINT, CADE
STREET ADDRESS		5131 EOROPA DR # D		STREET ADDRESS	5299 EUROPA DR. #B
CITY-ST-ZIP		BOYNTON BEACH, FL 33437		CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	VD	BEBERMAN, BENJAMIN	<input type="checkbox"/> Delete	TITLE	SD
NAME				NAME	THOMPSON, BURTON
STREET ADDRESS		5155 EUROPA DR. #I		STREET ADDRESS	9566 MEDICI LN. #D
CITY-ST-ZIP		BOYNTON BEACH, FL 33437		CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	TD	SOBEL, ARNOLD	<input type="checkbox"/> Delete	TITLE	D
NAME				NAME	GROEN, JOANN
STREET ADDRESS		5147 EUROPA DR. #V		STREET ADDRESS	5195 EUROPA DR. # M
CITY-ST-ZIP		BOYNTON BEACH, FL 33437		CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	D	WATTON, ABRAHAM	<input checked="" type="checkbox"/> Delete	TITLE	D
NAME				NAME	ZUCKER, MURRAY
STREET ADDRESS		5253 BRISATA CIR. #D		STREET ADDRESS	5091 SPLENDIDO CT. #I
CITY-ST-ZIP		BOYNTON BEACH, FL 33437		CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	SD	GROEN, JOANN	<input checked="" type="checkbox"/> Delete	TITLE	
NAME				NAME	
STREET ADDRESS		5195 EUROPA DR., # M		STREET ADDRESS	
CITY-ST-ZIP		BOYNTON BEACH, FL 33437		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Arnold Sobel</i>		ARNIE SOBEL		3-9-06	
		P.C.M.A. Treasurer		Date	
				 ALAN G. SAYER Notary Public, State of Florida My Comm. # DD 12809 Exp. September 13, 2006 Bonded Thru Notary Public Underwri	