
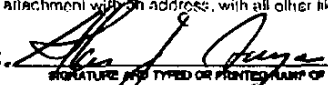


FILED
Sep 10, 2007 8:00 am
Secretary of State

09-10-2007 90002 027 ****61.25

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0169827	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents signature required when registered)</small>					
Filing Fee is \$61.25 Due by September 14, 2007		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	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIORIGLIO, JOSEPH		NAME	Thompson, Burt	
STREET ADDRESS	5131 EUROPA DR. # D		STREET ADDRESS	9566 Medici Lane # D	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP	Boynton Beach FL 33437	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	1VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREINT, CLYDE		NAME	Bankoff, Milt	
STREET ADDRESS	5299 EUROPA DR. # B		STREET ADDRESS	5187 Europa Dr H	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP	Boynton Beach 33437	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	2VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEBERMAN, BENJAMIN		NAME	Garcia, Phyllis	
STREET ADDRESS	5155 EUROPA DR. #1		STREET ADDRESS	5140 Florida Way Apt F	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	D	<input type="checkbox"/> Delete	TITLE	1	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROEN, JOANN		NAME	Sobel, Arnie	
STREET ADDRESS	5185 EUROPA DR. # M		STREET ADDRESS	5147 Europa Dr V	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP	Boynton Beach FL 33437	
TITLE	D	<input type="checkbox"/> Delete	TITLE	2	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUCKER, MURRAY		NAME	Ehrlich, Arlene	
STREET ADDRESS	5091 SPLENDIDO CT. # 1		STREET ADDRESS	5136 Florida Drive K	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP	Boynton Beach FL 33437	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	2	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, BURTON		NAME	Beberman, Benjy	
STREET ADDRESS	9566 MEDICI LN. # D		STREET ADDRESS	5155 Europa Dr Apt 1	
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 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 of justice empowered to execute this report as required by Chapter 119, 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 G. SAYER P.C.M.A. / L.C.A.M. General Manager Date: <u>9/7/07</u>			