


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 30, 2008 8:00 am**  
**Secretary of State**

01-30-2008 90024 004 \*\*\*\*61.25

<b>DOCUMENT # N35614</b>					
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		Country		Country	
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 <i>Francine Goldstein</i>	
				Street Address (P.O. Box Number is Not Acceptable) <i>9640 PLANTINA AVENUE</i>	
				City <i>Boynton Beach</i>	
				State <b>FL</b> Zip Code <i>33437</i>	
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 <i>Francine Goldstein</i> FRANCINE GOLDSTEIN 01/15/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURT, THOMPSON		NAME		
STREET ADDRESS	9566 MEDICI LANE #D		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP		
TITLE	1VP	<input type="checkbox"/> Delete	TITLE	1VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARKOFF, MITT		NAME	Ehrlich, Arlene	
STREET ADDRESS	5187 EUROPA DR H		STREET ADDRESS	5136 Floria Drive K	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	2VP	<input type="checkbox"/> Delete	TITLE	ZVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHYLLIS, GARCIA		NAME	Beberman, Benjy	
STREET ADDRESS	5140 FLOM WAY APT F		STREET ADDRESS	5155 Europa Drive I	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOBEL, ARNIE		NAME	Garcia, Phyllis	
STREET ADDRESS	5147 EUROPA DR V		STREET ADDRESS	5140 Floria Way F	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EHRlich, ARTENE		NAME	Siegel, William	
STREET ADDRESS	5136 FLORIA DRIVE K		STREET ADDRESS	5229 Brisata Cir O	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEBERMAN, BENJI		NAME	Blattstein, Sid	
STREET ADDRESS	5155 EUROPA DR APT 1		STREET ADDRESS	9566 Medici Lane F	
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 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>Phyllis Garcia</i> 1/28/08 5617363425 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

Additional officers/Directors

D  
Bankoff, Milt  
5187 Europa Drive H  
Boynton Beach, FL 33437

ATTACHMENT

# 40013373  
N35614