

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 03, 2016
Secretary of State
CC3100838559

Entity Name: PLATINA COMMUNITY MASTER ASSOCIATION, INC.

Current Principal Place of Business:

9640 PLATINA AVE.
BOYNTON BEACH, FL 33437

Current Mailing Address:

9640 PLATINA AVE.
BOYNTON BEACH, FL 33437 US

FEI Number: 65-0169827

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOFMANN, GENEVIEVE
9640 PLATINA AVENUE
BOYNTON BEACH, FL 33437 US

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.

SIGNATURE: GENEVIEVE HOFMANN

03/03/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name THOMPSON, BURT
Address 9566 MEDICI LANE #D
City-State-Zip: BOYNTON BEACH FL 33437

Title SECOND VP
Name BEBERMAN, BENJI
Address 5155 EUROPE DRIVE I
City-State-Zip: BOYNTON BEACH FL 33437

Title T
Name GARCIA, PHYLLIS
Address 5140 FLORIA WAY E
City-State-Zip: BOYNTON BEACH FL 33437

Title SECRETARY
Name DUBIN, BERNIE
Address 5406 VENETIA COURT
APT. G
City-State-Zip: BOYNTON BEACH FL 33437

Title DIR.
Name SIEGEL, BILL
Address 5229 BRISATA CIRCLE
APT. O
City-State-Zip: BOYNTON BEACH FL 33437

Title VP
Name OLSHAN, MELVIN
Address 5136 FLORIA DRIVE
APT. E
City-State-Zip: BOYNTON BEACH FL 33437

Title DIRECTOR
Name HERZFELD, MIKE
Address 5366 VENETIA COURT
APT. G
City-State-Zip: BOYNTON BEACH FL 33437

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BURT THOMPSON

PRESIDENT

03/03/2016

Electronic Signature of Signing Officer/Director Detail

Date