

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N35614

**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:**

POLAKOFF, RYAN D ESQ.  
BACKER ABOUD POLIAKOFF & FOELSTER, LLP  
400 S DIXIE HIGHWAY - STE. 420  
BOCA RATON, FL 33432 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            PERNICK, STUART  
Address        5265 BRISATA CIR.  
                  APT. G  
City-State-Zip: BOYNTON BEACH FL 33437

Title            SECRETARY  
Name            MCCARTHY, JAMES  
Address        5133 BRISATA CIRCLE  
                  APT. G  
City-State-Zip: BOYNTON BEACH FL 33437

Title            TREASURER  
Name            D'ANGELO, PHYLLIS  
Address        5140 FLORIA WAY E  
City-State-Zip: BOYNTON BEACH FL 33437

Title            1ST VICE-PRESIDENT  
Name            FRANK, STEVE  
Address        5188 EUROPA DRIVE  
                  APT. A  
City-State-Zip: BOYNTON BEACH FL 33437

Title            SECOND VICE PRESIDENT  
Name            MACALUSO, SALVATORE  
Address        5265 BRISATA CIRCLE  
                  APT. L  
City-State-Zip: BOYNTON BEACH FL 33437

Title            DIRECTOR  
Name            NARBY, RICHARD  
Address        5155 EUROPA DRIVE  
                  APT Q  
City-State-Zip: BOYNTON BEACH FL 33437

Title            DIRECTOR  
Name            NACHT, MARCIA  
Address        5204 EUROPA DRIVE  
                  APT N  
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:** STUART PERNICK

**PRESIDENT**

**01/31/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date