

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N35614

**FILED**  
**Jan 23, 2018**  
**Secretary of State**  
**CC4267045768**

**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

01/23/2018

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            BOKISH, GAIL  
Address        5107 EUROPA DRIVE  
                  APT. E  
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            DIRECTOR  
Name            BEBERMAN, BENJAMIN  
Address        5155 EUROPA DRIVE  
                  APT. I  
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            OLSHAN, MELVIN  
Address        5136 FLORIA DRIVE  
                  APT. E  
City-State-Zip: BOYNTON BEACH FL 33437

Title            FIRST VICE PRESIDENT  
Name            THOMPSON, BURT  
Address        9566 MEDICI LANE  
                  APT. D  
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**

01/23/2018

Electronic Signature of Signing Officer/Director Detail

Date