

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90071 019 \*\*\*\*61.25



**DOCUMENT # N01000004928**  
 1. Entity Name  
**SARACENO EAST COMMUNITY ASSOCIATION, INC.**

Principal Place of Business  
 2852 UNIVERSITY DRIVE  
 CORAL SPRINGS, FL 33065

Mailing Address  
 A & W PROPERTY MGMT INC.  
 P.O. BOX 15624  
 PLANTATION, FL 33318



2. Principal Place of Business  
*P.O. Box 15624*

3. Mailing Address  
 Suite, Apt. #, etc.

01232005 Chg-NP CR2E037 (10/03)

City & State  
*PLANTATION, FL*

City & State

Zip *33318* Country *USA*

4. FEI Number  
**42-1531618**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**A & W PROPERTY MGMT INC**  
**773 NW 100 TERRACE**  
**PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GRAMANZINI, MASSIMO	
STREET ADDRESS	11795 N.W. 2 ST	
CITY-ST-ZIP	PLANTATION, FL 33325	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BERKOVITZ, JOE	
STREET ADDRESS	11735 NW 2 ST	
CITY-ST-ZIP	PLANTATION, FL 33325	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	CARBONE, PETER A	
STREET ADDRESS	151 NW 117 TERRACE	
CITY-ST-ZIP	PLANTATION, FL 33325	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<i>DP</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<i>D.S</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>STEIN, IRA</i>	
STREET ADDRESS	<i>11755 NW 2 ST.</i>	
CITY-ST-ZIP	<i>PLANTATION FL 33325</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Peter A. Carbone* Date: *1-25-05* Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR