


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

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



Principal Place of Business  
**PO BOX 15624  
 PLANTATION, FL 33318**

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



01182006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

**DO NOT WRITE IN THIS SPACE**

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

Filing Fee is **\$61.25** Due by **May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE	DS
NAME	STEIN, IRA
STREET ADDRESS	11755 NORTHWEST 2 STREET
CITY-ST-ZIP	PLANTATION, FL 33325
TITLE	TD
NAME	BERKOVITS, JOE
STREET ADDRESS	11735 NW 2 ST
CITY-ST-ZIP	PLANTATION, FL 33325
TITLE	DP
NAME	CARBONE, PETER A
STREET ADDRESS	151 NW 117 TERRACE
CITY-ST-ZIP	PLANTATION, FL 33325
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000396422  
 01/30/06--80008-020 61.25

**DO NOT WRITE IN THIS SPACE**

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: *A. Stein* 1/19/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #