


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90032 008 ****61.25

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		
2. Principal Place of Business - No P.O. Box # 9715 W BROWARD BLVD			3. Mailing Address Suite, Apt. #, etc. PMB 235		
City & State PLANTATION FL			City & State PLANTATION FL		
Zip 33324			Zip 33324		
Country USA			Country USA		
4. FEI Number 42-1531618			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$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 A & W Property MGMT INC 9715 W BROWARD BLVD PMB 235 PLANTATION FL 33324		
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 <u><i>Gloria Walker</i></u> DATE <u>1/25/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS STEIN, IRA 11755 NORTHWEST 2 STREET PLANTATION, FL 33325	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BERKOVITS, JOE 11735 NW 2 ST PLANTATION, FL 33325	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CARBONE, PETER A 151 NW 117 TERRACE PLANTATION, FL 33325	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEAN ROBERTSON 11751 NW 1 ST PLANTATION FL 33325	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>[Signature]</i></u> DATE <u>1/29/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					