

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004928

FILED  
Feb 27, 2009  
Secretary of State

Entity Name: SARACENO EAST COMMUNITY ASSOCIATION, INC.

## Current Principal Place of Business:

9715 W BROWARD BLVD  
PMB 235  
PLANTATION, FL 33324

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

FEI Number: 42-1531618      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

A & W PROPERTY MGMT INC  
9715 W BROWARD BLVD PMB 235  
PLANTATION, FL 33324      US

## Name and Address of New Registered Agent:

A & W PROPERTY MGMT INC  
773 N W 100 TERRACE  
PLANTATION, FL 33324      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: ARLINE WALKER

02/27/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DS      ( ) Delete  
Name: STEIN, IRA  
Address: 11755 NORTHWEST 2 STREET  
City-St-Zip: PLANTATION, FL 33325

Title: PT      ( ) Delete  
Name: BERKOVITS, JOE  
Address: 11735 NW 2 ST  
City-St-Zip: PLANTATION, FL 33325

Title: VP      ( ) Delete  
Name: DEAN, ROBERTSON  
Address: 11751 NW 1 STREET  
City-St-Zip: PLANTATION, FL 33325

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD      (X) Change ( ) Addition  
Name: STEIN, IRA  
Address: 11755 NORTHWEST 2 STREET  
City-St-Zip: PLANTATION, FL 33325

Title: PD      (X) Change ( ) Addition  
Name: BERKOVITS, JOE  
Address: 11735 NW 2 ST  
City-St-Zip: PLANTATION, FL 33325

Title: TD      (X) Change ( ) Addition  
Name: DEAN, ROBERTSON  
Address: 11751 NW 1 STREET  
City-St-Zip: PLANTATION, FL 33325

Title: D      ( ) Change (X) Addition  
Name: KAPLAN, BARBARA  
Address: 11745 NW 2 STREET  
City-St-Zip: PLANTATION, FL 33325

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ARLINE WALKER

MGR

02/27/2009

Electronic Signature of Signing Officer or Director

Date