


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90052 002 ****61.25

DOCUMENT # N02000001040 1. Entity Name SARACENO WEST COMMUNITY ASSOCIATION, INC.			
Principal Place of Business 2852 UNIVERSITY DR CORAL SPRINGS, FL 33065		Mailing Address 2852 UNIVERSITY DR CORAL SPRINGS, FL 33065	
2. Principal Place of Business A+W PROPERTY MGMT Suite, Apt. #, etc. PO Box 15624		3. Mailing Address A+W Prop MGMT PO Box 15624 Suite, Apt. #, etc.	
City & State PLANTATION FL Zip 33318		City & State PLANTATION FL Zip 33318	
4. FEI Number 27-0040691		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 GILLESPIE, R. BOWEN III 1515 S FEDERAL HWY STE 300 BOCA RATON, FL 33432		7. Name and Address of New Registered Agent Name TARA E. INTRIAGO Street Address (P.O. Box Number is Not Acceptable) 400 SE 8 STREET City FORT LAUDERDAL FL Zip Code 33316	
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 <i>[Signature]</i> <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, 2004		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	PD WILLS, DEBORAH 2852 UNIVERSITY DR CORAL SPRINGS, FL 33065	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TARA E. INTRIAGO 12470 SW 1 STREET PLANTATION FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARTZ, BEN L 2852 UNIVERSITY DR CORAL SPRINGS, FL 33065	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RICHARD BROWN 12480 SW 1 STREET PLANTATION FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LEVINE, DAVID 2852 UNIVERSITY DR CORAL SPRINGS, FL 33065	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JENNIFER JANSEN 12481 SW 1 STREET PLANTATION FL 333
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<i>[Signature]</i> <small>Date Daytime Phone #</small>	

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01152004 Chg-NP CR2E037 (10/03)