

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001040

FILED
Feb 27, 2009
Secretary of State

Entity Name: SARACENO WEST COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

9715 W BROWARD BLVD
PMB 235
PLANTATION, FL 33318

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 15624
PLANTATION, FL 33318

New Mailing Address:

FEI Number: 27-0040691

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, ARLINE
9715 W BROWARD BLVD #235
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

A & W PROPERTY MANAGEMENT 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: PD () Delete
Name: WALTER, RICHARD
Address: 12440 SW 1 STREET
City-St-Zip: PLANTATION, FL 33325

Title: SD () Delete
Name: YURCHAK, KATHERINE
Address: 12401 SW 1ST ST
City-St-Zip: PLANTATION, FL 33325

Title: ST () Delete
Name: PSALTIDES, JASON
Address: 3703 NE 166 ST #606
City-St-Zip: NORTH MIAMI BEACH, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: PSALTIDES, JASON
Address: 3703 NE 166 ST #606
City-St-Zip: NORTH MIAMI BEACH, FL 33160

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