Electronic Signature of Registered Agent

Officer/Director Detail :	
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SIGNATURE:

Title	TD	Title	PD
Name	STEIN, IRA	Name	BERKOVITS, JOE
Address	11755 NW 2 STREET	Address	11735 NW 2 STREET
City-State-Zip:	PLANTATION FL 33325	City-State-Zip:	PLANTATION FL 33325
Title	SD		
Name	KAPLAN, BARBARA		
Address	11745 NW 2 STREET		
City-State-Zip:	PLANTATION FL 33325		

I hereby 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 all other like empowered.

PRES

SIGNATURE: JOE BERKOVITS

Electronic Signature of Signing Officer/Director Detail

Entity Name: SARACENO EAST COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

9715 W BROWARD BLVD PMB 235 PLANTATION, FL 33324

Current Mailing Address:

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

FEI Number: 42-1531618

Name and Address of Current Registered Agent:

A & W PROPERTY MGMT INC 773 N W 100 TERRACE PLANTATION, FL 33324 US

UN, 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.

Certificate of Status Desired: No

Date

FILED Jan 28, 2015 Secretary of State CC6010366444

01/28/2015 Date