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SECRETARY OF STATE
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32760.00 **130.00

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 730049 (4) 1. Corporation Name KESWICK "A" CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business KESWICK A 19 CENTURY VILLAGE EAST DEERFIELD BCH FL 33442		Mailing Address KESWICK A 19 CENTURY VILLAGE EAST DEERFIELD BCH FL 33442	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country	3. Date Incorporated or Qualified 06/24/1974 4. FEI Number 59-1895661 5. Certificate of Status Desired ☐ 6. Election Campaign Financing Trust Fund Contribution ☐ 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	
9. Name and Address of Current Registered Agent CONDOMINIUM OWNERS ORGANIZATION CENTURY 3501 WEST DRIVE DEERFIELD BEACH FL 33442-2085		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE Signature (typed or printed name of registered agent and title if applicable) (Typed Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HIRSHHEIMER, ADELAIDE KESWICK A 1 DEERFIELD BCH, FL 00000	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	D LIEBERMAN, RUTH 12 A KESWICK A DEERFIELD BEACH, FL LEARNER, RUTH KESWICK A 8 DEERFIELD BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ALUQUO, VIRGINIA KESWICK A 19 DEERFIELD BCH, FL 00000	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	Change ☐ Addition ☒
TITLE NAME STREET ADDRESS CITY - ST - ZIP	REICH, WALTER 11 KESWICK A DEERFIELD BEACH FL	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	Change ☐ Addition ☐
TITLE NAME STREET ADDRESS CITY - ST - ZIP	REICH, CLARA 11 KESWICK A DEERFIELD BEACH FL	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	Change ☐ Addition ☐
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SUMNER, FLORENCE KESWICK A-10 DEERFIELD BEACH FL	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	Change ☐ Addition ☐
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ALUQUO, THOMAS KESWICK A-9 DEERFIELD BCH FL	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	Change ☐ Addition ☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 817, Florida Statutes, and that my name appears in Block 12 or Block 13 (change), or on an attachment with an address.

SIGNATURE: *AL TURNER, PL TURNER, MGR.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/95 438-0689
Date (Typed Name)