

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736315

Entity Name: KESWICK "C" CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**453 KESWICK C
DEERFIELD BEACH, FL 33442**Current Mailing Address:**2400 CENTREPARK W DR #175
DEERFIELD BEACH, FL 33442 US**FEI Number:** 59-1898806**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THE BOGEN LAW GROUP
1 E.BROWARD BLVD
SUITE 700
FT. LAUDERDALE, FL 33301 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:** MICHAEL BOGEN

03/22/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|--------------------------|
| Title | P |
| Name | STAGLIANO, MARIO |
| Address | 453 KESWICK C |
| City-State-Zip: | DEERFIELD BEACH FL 33442 |

| | |
|-----------------|--------------------------|
| Title | VP, D |
| Name | BENDER, PATRICIA |
| Address | 159 KESWICK C |
| City-State-Zip: | DEERFIELD BEACH FL 33442 |

| | |
|-----------------|--------------------------|
| Title | D |
| Name | JAFFE, LILLIAN |
| Address | 250 KESWICK C |
| City-State-Zip: | DEERFIELD BEACH FL 33442 |

| | |
|-----------------|--------------------------|
| Title | S |
| Name | KULIK, ESTHER |
| Address | 355 KESWICK C |
| City-State-Zip: | DEERFIELD BEACH FL 33442 |

| | |
|-----------------|--------------------------|
| Title | D |
| Name | GILLIGAN, JIM |
| Address | 165 KESWICK C |
| City-State-Zip: | DEERFIELD BEACH FL 33442 |

| | |
|-----------------|--------------------------|
| Title | T |
| Name | CYR, ALBERT J |
| Address | 363 KESWICK C |
| City-State-Zip: | DEERFIELD BEACH FL 33442 |

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.

SIGNATURE: MARIO STAGLIANO**PRESIDENT**

03/22/2016

Electronic Signature of Signing Officer/Director Detail

Date