

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **736315** (3)

1. Corporation Name
KESWICK "C" CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: C/O KESWICK C-265 CENTURY VILLAGE DEERFIELD BEACH FL 33442
Mailing Address: C/O KESWICK C-265 CENTURY VILLAGE DEERFIELD BEACH FL 33442

3. Date Incorporated or Qualified: **07/07/1976**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-1898806**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: CONDOMINIUM OWNERS ORGANIZATION OF CENTURY 3501 WEST DRIVE DEERFIELD BEACH FL 33442-2085
10. Name and Address of New Registered Agent (81-85) fields.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: SD NAME: GARBER, JACK STREET ADDRESS: KESWICK C-358 CITY-ST-ZIP: DEERFIELD BEACH FL	<input type="checkbox"/> DELETE	1.1 TITLE: D 1.2 NAME: LINDAUER, MORRIS 1.3 STREET ADDRESS: KESWICK C-455 1.4 CITY-ST-ZIP: DEERFIELD BEACH FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: PD NAME: ORBER, IRVING STREET ADDRESS: KESWICK C-265 CITY-ST-ZIP: DEERFIELD BEACH FL	<input type="checkbox"/> DELETE	2.1 TITLE: D 2.2 NAME: LINDAUER, MORRIS 2.3 STREET ADDRESS: KESWICK C-455 2.4 CITY-ST-ZIP: DEERFIELD BEACH FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: TOMCHIN, MOLLY STREET ADDRESS: KESWICK C-463 CITY-ST-ZIP: DEERFIELD BEACH FL	<input type="checkbox"/> DELETE	3.1 TITLE: D 3.2 NAME: LINDAUER, MORRIS 3.3 STREET ADDRESS: KESWICK C-455 3.4 CITY-ST-ZIP: DEERFIELD BEACH FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: GOTTLIEB, LEO STREET ADDRESS: KESWICK C-353 CITY-ST-ZIP: DEERFIELD BEACH FL	<input type="checkbox"/> DELETE	4.1 TITLE: D 4.2 NAME: LINDAUER, MORRIS 4.3 STREET ADDRESS: KESWICK C-455 4.4 CITY-ST-ZIP: DEERFIELD BEACH FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: SHULMAN, MORRIS STREET ADDRESS: KESWICK C 362 CITY-ST-ZIP: DEERFIELD BEACH FL	<input type="checkbox"/> DELETE	5.1 TITLE: D 5.2 NAME: LINDAUER, MORRIS 5.3 STREET ADDRESS: KESWICK C-455 5.4 CITY-ST-ZIP: DEERFIELD BEACH FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: ORBER, PAULINE STREET ADDRESS: KESWICK C 265 CITY-ST-ZIP: DEERFIELD BEACH FL	<input type="checkbox"/> DELETE	6.1 TITLE: D 6.2 NAME: LINDAUER, MORRIS 6.3 STREET ADDRESS: KESWICK C-455 6.4 CITY-ST-ZIP: DEERFIELD BEACH FL	<input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Irving Orber
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Irving P. Orber

Date: Jan 20, 1996 (954)428-9430
Daytime Phone #

CR2E037 (12/95)

1/27/96