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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 07/07/1976	3a. Date of Last Report 04/27/1996
4. FEI Number 59-1898806	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	



21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. 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. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GARBER, JACK	
STREET ADDRESS	KESWICK C-358	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ORBER, IRVING	
STREET ADDRESS	KESWICK C-265	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	TOMCHIN, MOLLY	
STREET ADDRESS	KESWICK C-463	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GOTTLIEB, LEO	
STREET ADDRESS	KESWICK C-353	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHULMAN, MORRIS	
STREET ADDRESS	KESWICK C 362	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ORBER, PAULINE	
STREET ADDRESS	KESWICK C 265	
CITY-ST-ZIP	DEERFIELD BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LINDAUR, MORRIS	
1.3 STREET ADDRESS	KESWICK C455	
1.4 CITY-ST-ZIP	Deerfield BEACH, FL.	
2.1 TITLE	800002159328-2	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	-04/29/97--01109--001	
2.4 CITY-ST-ZIP	**15190.00 *****61.25	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GOLDEN, MAY	
3.3 STREET ADDRESS	KESWICK C-464	
3.4 CITY-ST-ZIP	DEERFIELD BEACH, FL.	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GILMAN, PAUL	
4.3 STREET ADDRESS	KESWICK C-260	
4.4 CITY-ST-ZIP	DEERFIELD BEACH, FL.	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DP74/29	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	ORBER, PAULINE	
6.3 STREET ADDRESS	KESWICK C-265	
6.4 CITY-ST-ZIP	DEERFIELD BEACH FL	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 **IRVING ORBER Jan 20, 1997 - Pres.**

CR2E037 (9/96)