

2002 UNIFORM BUSINESS REPORT (UBR)

0096560

DOCUMENT # 736315

1. Entity Name

KESWICK "C" CONDOMINIUM ASSOCIATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

02 APR -3 AM 10:29

Principal Place of Business

Mailing Address

C/O KESWICK C-265
CENTURY VILLAGE
DEERFIELD BEACH FL 33442

C/O KESWICK C-265
CENTURY VILLAGE
DEERFIELD BEACH FL 33442

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1898806

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONDOMINIUM OWNERS ORGANIZATION OF CENTURY
3501 WEST DRIVE
DEERFIELD BEACH FL 33442-2085

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
NAME **D AXELROD, MURRAY**
STREET ADDRESS **KESWICK C455**
CITY-ST-ZIP **DEERFIELD BEACH FL**

TITLE Change Addition
NAME **ANDREW BERANSTEIN HARVEY**
STREET ADDRESS **KESWICK C-265**
CITY-ST-ZIP **DEERFIELD BEACH FL**

TITLE Delete
NAME **PD ORBER, IRVING**
STREET ADDRESS **KESWICK C-265**
CITY-ST-ZIP **DEERFIELD BEACH FL**

TITLE Change Addition
NAME **100005257941--3**
STREET ADDRESS **-04/12/02--01058--001**
CITY-ST-ZIP ****15067.50 *****61.25**

TITLE Delete
NAME **TD GOLDEN, MAY**
STREET ADDRESS **KESWICK C-464**
CITY-ST-ZIP **DEERFIELD BEACH FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **VD MOSS, ARCHIE**
STREET ADDRESS **KESWICK C-353**
CITY-ST-ZIP **DEERFIELD BEACH FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D SHULMAN, MORRIS**
STREET ADDRESS **KESWICK C 362**
CITY-ST-ZIP **DEERFIELD BEACH FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **SD ORBER, PAULINE**
STREET ADDRESS **KESWICK C 265**
CITY-ST-ZIP **DEERFIELD BEACH FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Irving Orber* **IRVING ORBER**

1/17/02

428 9430

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Irving P. Orber**

Date

Daytime Phone #

CR2E037 (9/01)