


# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

04-18-2003 90478 001 14,700.00  
FL 736315

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # 736315</b>			
<b>1. Entity Name</b> KESWICK "C" CONDOMINIUM ASSOCIATION, INC.			
<b>Principal Place of Business</b>		<b>Mailing Address</b>	
<b>CONDOMINIUM OWNERS ORGANIZATION OF CENTURY VILLAGE E, INC. - COOCVE</b>			
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
3501 West Drive		Deerfield Bch., FL 33442-2085	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
Zip		Country	
<b>4. FEI Number</b> 59-1898806		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>8. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
CONDOMINIUM OWNERS ORGANIZATION OF CENTURY 3501 WEST DRIVE DEERFIELD BEACH FL 33442-2085		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
<b>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. I am familiar with, and accept the obligations of registered agent.</b>			
<b>SIGNATURE</b>		<b>DATE</b>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW: FEE IS \$61.25</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<b>VD</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	AXELROD, MURRAY	<b>NAME</b>	BERNSTEIN, HARVEY
<b>STREET ADDRESS</b>	KESWICK C455	<b>STREET ADDRESS</b>	KESWICK C-256
<b>CITY-ST-ZIP</b>	DEERFIELD BEACH FL	<b>CITY-ST-ZIP</b>	DEERFIELD BEACH, FL
<b>TITLE</b>	<b>PD</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	ORBER, IRVING	<b>NAME</b>	
<b>STREET ADDRESS</b>	KESWICK C-265	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	DEERFIELD BEACH FL	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>TD</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	GOLDEN, MAY	<b>NAME</b>	JAFEE, WILLIAM
<b>STREET ADDRESS</b>	KESWICK C-464	<b>STREET ADDRESS</b>	KESWICK C 250
<b>CITY-ST-ZIP</b>	DEERFIELD BEACH FL	<b>CITY-ST-ZIP</b>	DEERFIELD BEACH, FL
<b>TITLE</b>	<b>VD</b> <input checked="" type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	MOSS, ARCHIE	<b>NAME</b>	
<b>STREET ADDRESS</b>	KESWICK C-353	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	DEERFIELD BEACH FL	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	SHULMAN, MORRIS	<b>NAME</b>	
<b>STREET ADDRESS</b>	KESWICK C 362	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	DEERFIELD BEACH FL	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>SD</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	ORBER, PAULINE	<b>NAME</b>	
<b>STREET ADDRESS</b>	KESWICK C 265	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	DEERFIELD BEACH FL	<b>CITY-ST-ZIP</b>	
<b>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.</b>			
<b>SIGNATURE:</b> <i>Irving Orber</i>		<b>DATE:</b> JAN. 10, 2003 - (954) 428-9436	
SIGNATURE (TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)		Date Day/Time Phone #	

CR2E037 (10/02)