

**2023 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:**

C/O SEACREST SERVICES, INC  
2101 CENTRE PARK WEST DRIVE SUITE 110  
WEST PALM BEACH, FL 33409 US

**FEI Number:** 59-1898806

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MILBERG KLEIN, P.L.  
5550 GLADES ROAD  
SUITE 500  
BOCA RATON, FL 33431 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            STAGLIANO, JUDITH  
Address        453 KESWICK C  
City-State-Zip: DEERFIELD BEACH FL 33442

Title            TREASURER, DIRECTOR  
Name            KULIK, IRVING  
Address        355 KESWICK C  
City-State-Zip: DEERFIELD BEACH FL 33442

Title            DIRECTOR  
Name            GALLIGAN, SUSAN  
Address        165 KESWICK C  
City-State-Zip: DEERFIELD BEACH FL 33442

Title            VP, DIRECTOR  
Name            MENASHA, MOUSSA  
Address        257 KESWICK C  
City-State-Zip: DEERFIELD BEACH FL 33442

Title            DIRECTOR  
Name            WEISS, JOEL  
Address        253 KESWICK C  
City-State-Zip: DEERFIELD BEACH FL 33442

Title            SECRETARY, DIRECTOR  
Name            COX, SUSAN  
Address        457 KESWICK C  
City-State-Zip: DEERFIELD BEACH FL 33442

Title            DIRECTOR  
Name            MIRMAN, BEN  
Address        454 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:** JUDITH STAGLIANO

**PRESIDENT**

**04/20/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date