

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -2 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 736708 (9)

1. Corporation Name

BARBIZON CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

215 CIRCLE DRIVE
CAPE CANAVERAL FL 32920

215 CIRCLE DRIVE
CAPE CANAVERAL FL 32920

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/27/1976

3a. Date of Last Report
02/15/1994

4. FEI Number

59-1992770

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒ \$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZEPP, HAZEL E.
3873 SO. BAUANA RIVER BLVD. #105
COCOA BEACH FL 32931

81. Name

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

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HANSEN, WILLIAM D, JR
STREET ADDRESS	215 CIRCLE DR., #25
CITY-ST-ZIP	CAPE CANAVERAL, FL 00000
TITLE	SD
NAME	CAPLAP, HELEN
STREET ADDRESS	215 CIRCLE DR., #26
CITY-ST-ZIP	CAPE CANAVERAL, FL 00000
TITLE	VD
NAME	IDE, JOHN
STREET ADDRESS	215 CIRCLE DR., #30
CITY-ST-ZIP	CAPE CANAVERAL, FL 00000
TITLE	TD
NAME	ZEPP, HAZEL E.
STREET ADDRESS	3873 S BANANA RIVER BLVD
CITY-ST-ZIP	COCOA BEACH FL
TITLE	D
NAME	GRIGGS, THOMAS
STREET ADDRESS	215 CIRCLE DR., #1
CITY-ST-ZIP	CAPE CANAVERAL, FL 00000
TITLE	D
NAME	JOHN HOOD
STREET ADDRESS	215 CIRCLE DRIVE #24
CITY-ST-ZIP	CAPE CANAVERAL FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

DATE