FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



736708

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

CITY-ST-ZIP

1996

(9)

RARRIZON CONDOMINIUM ASSOCIATION INC

BAHBIZON CONDOMINION ASSOCIATION, INC.							
Principal Place	of Business	Mailing Add	dress			(188111 (8888 11018 81114 12811 28115)	**** ***** ***** ***** ***** ***** *****
215 CIRCLE D CAPE CANAVE	orive Eral FL 32920		LE DRIVE NAVERAL FL 329	20			
						3. Date Incorporated or Qualified 08/27/1976	3a. Date of Last Report 03/02/1995
2. Principal Pla	ice of Business	2a. Mailing	Address			4. FEI Number	Applied For
21		26				59-1992770	Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 City & State		City & State				6. Election Campaign Financing	\$5.00 May Be
23		28				Trust Fund Contribution	Added to Fees
	Country	Zip		Country		8. This corporation has liability for in	
2 Zip	25	29		30		7.107.00.0.00.00	Ø Yes □ No
	9. Name and Address of Curren	t Registered A	gent			10. Name and Address of New R	egistered Agent
	Λ			81	Name		
ZEPP, HAZEL E. Gousina River				82	Street Add	ress (P.O. Box Number is Not Acceptable	e)
3873 SO. BANANA RIVER BLVD. #105				83			
COCOA	BEACH FL 32931			63			
1				84	City		FL 85 Zip Code
	017.0505	and 617 1500	Florida Statutas	the above-	named corno	ration submits this statement for the pur	pose of changing its registered office
or register	to the provisions of Sections 617,0302 ed agent, or both, in the State of Flori th, and accept the obligations of, Sect	da. Such change	a was aumonzed	by the corp	oration's boa	and of directors. I hereby accept the appoint	bintment as registered agent. I am
SIGNATURE							DATE
	Signature, typed or printed name of registered agent		(NOTE	Registered Age	nt signature require	ed when reinstating) ADDITIONS/CHANGES TO OFF	
12.	PD OFFICERS AN	ID DIRECTORS	DELETE	1.1 TITLE	——— (*)	1 210	☐ Change
NAME				1.2 NAME	'	Corol Ida 215 Cirala De #3	36 had
	HANSEN, WILLIAM D, JR 215 CIRCLE DR., #25	<.2 .	udant		ADDRESS	2,3	32.920 (302)
STREET ADDRESS	CAPE CANAVERAL, FL 0000	n Pres	Louis	1.4 CITY - 1	- 10	ape Savavered, Pt	- maure
CITY-ST-ZIP TITLE	SD	<u> </u>	DELETE	21 TITLE	0	Juck Kenney #9	☐ Change ☑ Addition
NAME	CAPLAP, HELEN			2.2 NAME	,	Ca C I Arent #9	and
STREET ADDRESS	215 CIRCLE DR., #26)earal	tary		T ADORESS	15 Circle Drive #9	32910 Bar
	CAPE CANAVERAL, FL 0000	n — 30 2	a	2 4 CiTY-	1/2	oper Consider,	Mes
CITY-ST-ZIP	VD		DELETE	2.1 7/1/5			Change Addition
NAME	IDE, JOHN	,	مكشعليمعو	3 2 NAME			
STREET ADDRESS	215 CIRCLE DR., #30	() in	pearasi	3.3 STREE	T ADDRESS		
CITY-ST-ZIP	CAPE CANAVERAL, FL 0000	0 ~		3 4. CITY-	ST-ZIP		
TITLE	TD		DELETE	4.1 TITLE			Change Addition
NAME	ZEPP, HAZEL E.	4	للعسمه	4. 2 NAM			
STREET ADDRESS	3873 S BANANA RIVER BLVI			43 STREE	T ADDRESS		
CITY-ST-ZIP	COCOA BEACH FL			4.4 CITY-	ST-ZIP		
TITLE	D		DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME	GRIGGS, THOMAS			5.2 NAME			
STREET ADDRESS	215 CIRCLE DR., #1			5 3 STREE	T ADDRESS		
CITY-ST-ZIP	CAPE CANAVERAL, FL 0000	0		5.4 CITY-			Addition
TITLE	D		DELETE		i	4000017	
NAME	JOHN HOOD	۸ ،	mark	6.2 NAME	.	-04/09/9601	152011
STREET ADDRESS	JOHN HOOD 215 CIRCLE DRIVE #24 CAP CANAVERAL FL	Jambur Jr	~ •	6 3 STRE	ET ADDRESS	***61.25	
CITY-ST-ZIP	CAP CANAVERAL FL			6.4 CITY	ST-ZIP		

64CITY-S1-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: Manel & 3 the theory signature and typed on printed Name of Signature of director

CAP CANAVERAL FL

Daytime Phone #