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Mar 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 736708 (9)

1. Corporation Name

BARBIZON CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business	Mailing Address
215 CIRCLE DRIVE CAPE CANAVERAL FL 32920	MRS HAZEL E ZEPP 3873 S BANANA RIVER BLVD APT 105 COCOA BEACH FL 32931-4149

3. Date Incorporated or Qualified	08/27/1976
4. FEI Number	59-1992770
	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> 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	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
ZEPP, HAZEL E 3873 SO. BAVANA RIVER BLVD. #105 COCOA BEACH FL 32931

10. Name and Address of New Registered Agent
81 Name Mrs. Helma Hansen HANSEN
82 Street Address (P.O. Box Number is Not Acceptable)
83 251 Coral Drive
84 City Cape Canaveral FL
85 Zip Code 32920

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Helma St. Hansen, Treasurer* 3-24-98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HANSEN, WILLIAM D, JR	
STREET ADDRESS	215 CIRCLE DR., #25	
CITY-ST-ZIP	CAPE CANAVERAL FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GREUSENHAUSER, HELEN	
STREET ADDRESS	215 CIRCLE DR., #26	
CITY-ST-ZIP	CAPE CANAVERAL FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	IDE, JOHN	
STREET ADDRESS	215 CIRCLE DR., #30	
CITY-ST-ZIP	CAPE CANAVERAL FL	
TITLE	ZEPP, HAZEL E.	<input type="checkbox"/> DELETE
NAME	3873 S BANANA RIVER BLVD	
STREET ADDRESS	COCOA BEACH FL	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE
NAME	IDE, CAROL	
STREET ADDRESS	215 CIRCLE DR. #30	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE	BM	<input checked="" type="checkbox"/> DELETE
NAME	KENNEY, JACK	
STREET ADDRESS	215 CIRCLE DRIVE #29	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Hansen Helma	
1.3 STREET ADDRESS	251 Coral Drive	
1.4 CITY-ST-ZIP	Cape Canaveral FL 32920	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	BM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ZEPP, HAZEL E.	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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 *Helma St. Hansen, Treasurer* 9/16/98 407/783-5573

CR2E037 (10/97)