

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736708

1. Entity Name

BARBIZON CONDOMINIUM ASSOCIATION, INC.

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90019 047 ****61.25

Principal Place of Business

215 CIRCLE DRIVE
CAPE CANAVERAL FL 32920

Mailing Address

MRS. THELMA W. HANSEN
251 CORAL DR.
CAPE CANAVERAL FL 32920

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1992770

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HANSEN, THELMA
251 CORAL DRIVE
CAPE CANAVERAL FL 32920

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME HANSEN, WILLIAM D, JR
STREET ADDRESS 215 CIRCLE DR., #25
CITY-ST-ZIP CAPE CANAVERAL FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME GREUSENHAUSER, HELEN
STREET ADDRESS 215 CIRCLE DR., #26
CITY-ST-ZIP CAPE CANAVERAL FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME IDE, JOHN
STREET ADDRESS 215 CIRCLE DR., #30
CITY-ST-ZIP CAPE CANAVERAL FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE BM ☒ Delete
NAME ZEPP, HAZEL E.
STREET ADDRESS 3873 S BANANA RIVER BLVD
CITY-ST-ZIP COCOA BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME IDE, CAROL
STREET ADDRESS 215 CIRCLE DR. #30
CITY-ST-ZIP CAPE CANAVERAL FL 32920

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME HANSEN, THELMA
STREET ADDRESS 251 CORAL DRIVE
CITY-ST-ZIP CAPE CANAVERAL FL 32950

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE: *Thelma W. Hansen* **7-20-00 321 799-8120**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)