

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90110 047 ****61.25

DOCUMENT # 736708

1. Entity Name
BARBIZON CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
215 CIRCLE DRIVE
CAPE CANAVERAL, FL 32920

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

50013854



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04162006 Chg-NP CR2E037 (11/05)

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

HANSEN, THELMA
251 CORAL DRIVE
CAPE CANAVERAL, FL 32920

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME SUITER, PAULINE R
STREET ADDRESS 215 CIRCLE DR #1
CITY-ST-ZIP CAPE CANAVERAL, FL 32920

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

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

TITLE D ☐ Delete
NAME IDE, LILLIAN
STREET ADDRESS 215 CIRCLE DR., UNIT #28
CITY-ST-ZIP CAPE CANAVERAL, FL 32920

TITLE T ☐ Delete
NAME HANSEN, THELMA
STREET ADDRESS 251 CORAL DRIVE
CITY-ST-ZIP CAPE CANAVERAL, FL 32920

TITLE VP ☐ Delete
NAME BROWN, FRANKLIN
STREET ADDRESS 53 NW 24TH CT
CITY-ST-ZIP MIAMI, FL 33125

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE SD ☒ Change ☐ Addition
NAME IDE, JOHN
STREET ADDRESS 215 CIRCLE DR #30
CITY-ST-ZIP CAPE CANAVERAL, FL 32920

TITLE VP ☐ Change ☒ Addition
NAME RICHARD WHITBECK
STREET ADDRESS 215 CIRCLE DR #2
CITY-ST-ZIP CAPE CANAVERAL, FL 32920

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

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

TITLE DM ☐ Change ☒ Addition
NAME LUCIEN J. DESSUREAULT
STREET ADDRESS 215 CIRCLE DR #10
CITY-ST-ZIP CAPE CANAVERAL, FL 32920

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-06

321 799-8120

Date

Daytime Phone