


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**3. Apr 07, 2008 8:00 am  
Secretary of State**


03-24-2008 90048 012 \*\*\*\*61.25

<b>DOCUMENT # 736708</b> 1. Entity Name BARBIZON CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 215 CIRCLE DRIVE CAPE CANAVERAL, FL 32920	Mailing Address MRS. THELMA W. HANSEN 251 CORAL DR. CAPE CANAVERAL, FL 32920
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**DO NOT WRITE IN THIS SPACE**

**66006011**



03202008 No Chg-NP CR2E037 (4/08)

4. FEI Number 59-1992770	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HANSEN, THELMA  
251 CORAL DRIVE  
CAPE CANAVERAL, FL 32920

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$81.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUTER, PAULINE R 215 CIRCLE DR #1 CAPE CANAVERAL, FL 32920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD IDE, JOHN 215 CIRCLE DR 30 CAPE CANAVERAL, FL 32920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WHITBURN, RICHARD 215 CIRCLE D 2 CAPE CANAVERAL, FL 32920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IDE, LILLIAN 215 CIRCLE DR., UNIT #28 CAPE CANAVERAL, FL 32920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HANSEN, THELMA 251 CORAL DRIVE CAPE CANAVERAL, FL 32920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FAY, PETER 215 CIRCLE DR CAPE CANAVERAL, FL 32920

**DO NOT WRITE  
IN THIS SPACE**

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 4-5-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #