

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90229 006 ****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**

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

☐ CHECK HERE IF MAKING CHANGES

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

FILE NOW: FEE IS \$61.25

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

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., #28**
CITY-ST-ZIP **CAPE CANAVERAL FL**

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

TITLE **VD** ☒ Delete
NAME **COX, SHIRLEY L**
STREET ADDRESS **215 CIRCLE DR., UNIT #5**
CITY-ST-ZIP **CAPE CANAVERAL FL 32920**

TITLE **VD** ☐ Change ☒ Addition
NAME **GERDA BLIZZARD**
STREET ADDRESS **366 CORAL DRIVE**
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 ☐ 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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-03 321 799-8120

CR2E037 (10/02)