

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736708

Entity Name: BARBIZON CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**215 CIRCLE DRIVE
CAPE CANAVERAL, FL 32920**Current Mailing Address:**MRS. THELMA W. HANSEN
251 CORAL DR.
CAPE CANAVERAL, FL 32920**FEI Number:** 59-1992770**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HANSEN, THELMA
251 CORAL DRIVE
CAPE CANAVERAL, FL 32920 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	SUITER, PAULINE R
Address	215 CIRCLE DR #1
City-State-Zip:	CAPE CANAVERAL FL 32920

Title	VP
Name	GERANEO, GERALD A
Address	215 CIRCLE D 19
City-State-Zip:	CAPE CANAVERAL FL 32920

Title	T
Name	HANSEN, THELMA
Address	251 CORAL DRIVE
City-State-Zip:	CAPE CANAVERAL FL 32950

Title	DIRECTOR
Name	VAN FOSSAN, KEVIN
Address	215 CIRCLE DRIVE UNIT #27
City-State-Zip:	CAPE CANAVERAL FL 32920

Title	SD
Name	HANSEN, THELMA
Address	251 CORAL DRIVE
City-State-Zip:	CAPE CANAVERAL FL 32920

Title	D
Name	IDE, LILLIAN
Address	215 CIRCLE DR., UNIT #28
City-State-Zip:	CAPE CANAVERAL FL 32920

Title	D
Name	WALKER, TIM
Address	215 CIRCLE DR UNIT #24
City-State-Zip:	CAPE CANAVERAL FL 32920

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: THELMA W. HANSEN**SECRETARY/TREASURER** 05/07/2014_____
Electronic Signature of Signing Officer/Director Detail_____
Date