

**2020 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:**BARBIZON CONDO. ASSOC.  
P. O. BOX 953  
CAPE CANAVERAL, FL 32920 US**FEI Number:** 59-1992770**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VAN FOSSAN, KAREN  
215 CIRCLE DRIVE  
#22  
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:** KAREN VAN FOSSAN

03/14/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P
Name	FIELDS, BRIAN
Address	215 CIRCLE DRIVE #30
City-State-Zip:	CAPE CANAVERAL FL 32920

Title	VP
Name	HERALD, VICTOR
Address	215 CIRCLE DRIVE #12
City-State-Zip:	CAPE CANAVERAL FL 32920

Title	DIRECTOR
Name	WHITBECK, CAROLE
Address	1103 WOODSMERE PARKWAY
City-State-Zip:	ROCKLEDGE FL 32955

Title	SECRETARY
Name	GILMORE, DEB
Address	215 CIRCLE DR #8
City-State-Zip:	CAPE CANAVERAL FL 32920

Title	TREASURER
Name	VAN FOSSAN, KAREN S
Address	215 CIRCLE DR #22
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:** KAREN S VAN FOSSAN**TREASURER**

03/14/2020

Electronic Signature of Signing Officer/Director Detail

Date