2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736708

Entity Name: BARBIZON CONDOMINIUM ASSOCIATION, INC.

FILED Feb 14, 2019 **Secretary of State** 0012823980CC

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:

SUITER, WILLIAM 215 CIRCLE DRIVE #1

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: WILLIAM SUITER 02/14/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title Title VΡ

FIELDS, BRIAN HERALD, VICTOR Name Name Address 215 CIRCLE DRIVE Address 215 CIRCLE DRIVE #30

CAPE CANAVERAL FL 32920 CAPE CANAVERAL FL 32920 City-State-Zip: City-State-Zip:

Title Title

SUITER, WILLIAM Name TALERICO, KATHY Name 215 CIRCLE DR., UNIT #11 215 CIRCLE DRIVE Address Address

CAPE CANAVERAL FL 32920 City-State-Zip: City-State-Zip: CAPE CANAVERAL FL 32920

Title DIRECTOR

Title DIRECTOR VAN FOSSAN, KEVIN Name

Name WHITBECK, CAROLE Address 215 CIRCLE DRIVE

Address 1103 WOODSMERE PARKWAY **UNIT #27**

City-State-Zip: ROCKLEDGE FL 32955 CAPE CANAVERAL FL 32920 City-State-Zip:

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: WILLIAM SUITER

Electronic Signature of Signing Officer/Director Detail

TREASURER

02/14/2019