

**2018 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:**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	S
Name	TALERICO, KATHY
Address	215 CIRCLE DR., UNIT #11
City-State-Zip:	CAPE CANAVERAL FL 32920

Title	T
Name	VAN FOSSAN, KAREN
Address	215 CIRCLE DR UNIT #22
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	AT
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

*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

AT

02/05/2018

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date