FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **736708** **(9)**

1. Corporation Name

BARBIZON CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
215 CIRCLE DRIVE CAPE CANAVERAL FL 32920	215 CIRCLE DRIVE CAPE CANAVERAL FL 32920

3. Date Incorporated or Qualified: 08/27/1976	3a. Date of Last Report: 03/02/1995
4. FEI Number: 59-1992770	☑ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ZEPP, HAZEL E. Banana River
3873 SO. BANANA RIVER BLVD. #105
COCOA BEACH FL 32931

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	Carol Ide	☐ Change ☑ Addition
NAME	HANSEN, WILLIAM D, JR	President	1.2 NAME		
STREET ADDRESS	215 CIRCLE DR., #25		1.3 STREET ADDRESS	215 Circle Dr #30	Board member
CITY-ST-ZIP	CAPE CANAVERAL, FL 00000		1.4 CITY-ST-ZIP	Cape Canaveral, Fl 32920	
TITLE	SD	☐ DELETE	2.1 TITLE	Jack Kenney	☐ Change ☑ Addition
NAME	CAPLAP, HELEN	Secretary	2.2 NAME		
STREET ADDRESS	215 CIRCLE DR., #26		2.3 STREET ADDRESS	215 Circle Drive #9	Board member
CITY-ST-ZIP	CAPE CANAVERAL, FL 00000		2.4 CITY-ST-ZIP	Cape Canaveral, Fl. 32920	
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	IDE, JOHN	Vice President	3.2 NAME		
STREET ADDRESS	215 CIRCLE DR., #30		3.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CANAVERAL, FL 00000		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ZEPP, HAZEL E.	Treasurer	4.2 NAME		
STREET ADDRESS	3873 S BANANA RIVER BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH FL		4.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GRIGGS, THOMAS		5.2 NAME		
STREET ADDRESS	215 CIRCLE DR., #1		5.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CANAVERAL, FL 00000		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE	400001774484	☐ Change ☐ Addition
NAME	JOHN HOOD	Member board	6.2 NAME	-04/09/96--01123--011	
STREET ADDRESS	215 CIRCLE DRIVE #24		6.3 STREET ADDRESS	***61.25	
CITY-ST-ZIP	CAP CANAVERAL FL		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Hazel E. Zepp Treas 2/9/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

OCD 3-19-96