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Apr 10 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

215 CIRCLE DRIVE
CAPE CANAVERAL FL 32920

Mailing Address



MRS HAZEL E ZEPP
3873 S BANANA RIVER BLVD APT 105
COCOA BEACH FL 32931-4149



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

3. Name and Address of Current Registered Agent

ZEPP, HAZEL E
3873 SO. BAVANA RIVER BLVD. #105
COCOA BEACH FL 32931

3. Date Incorporated or Qualified
08/27/1976

3a. Date of Last Report
04/09/1996

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

10. Name and Address of New Registered Agent

81 Name

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

83 City

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE (PD) HANSEN, WILLIAM D, JR President
NAME
STREET ADDRESS 215 CIRCLE DR., #25
CITY-ST-ZIP CAPE CANAVERAL FL

TITLE (SD) ~~IDE, HELEN~~ *got married*
NAME *Helen Hansen*
STREET ADDRESS 215 CIRCLE DR., #26
CITY-ST-ZIP CAPE CANAVERAL FL

TITLE (VD) IDE, JOHN Vice Pres
NAME
STREET ADDRESS 215 CIRCLE DR., #30
CITY-ST-ZIP CAPE CANAVERAL FL

TITLE (TD) ZEPP, HAZEL E. Treasurer
NAME
STREET ADDRESS 3873 S BANANA RIVER BLVD
CITY-ST-ZIP COCOA BEACH FL

TITLE D IDE, CAROL Board member
NAME
STREET ADDRESS 215 CIRCLE DR. #30
CITY-ST-ZIP CAPE CANAVERAL FL 32920

TITLE D JOHN HOOD
NAME
STREET ADDRESS 215 CIRCLE DRIVE #24
CITY-ST-ZIP CAPE CANAVERAL FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE *Board member* Jack Kenney
1.2 NAME
1.3 STREET ADDRESS 215 Circle Drive #9
1.4 CITY-ST-ZIP Cape Canaveral, FL 32920

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/97

Daytime Phone # 0018925

CR2E037 (9/96)