

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90036 046 ****61.25

DOCUMENT # 736708

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
COGGA BEACH FL 32931-4149



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 MRS. THELMA W. HANSEN

27 Suite, Apt. #, etc.

27 251 CORAL DR.

28 City & State

28 CAPE CANAVERAL FL

29 Zip

Country

30 BREVARD

3. Date Incorporated or Qualified

08/27/1976

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

9. Name and Address of Current Registered Agent

HANSEN, THELMA
251 CORAL DRIVE
CAPE CANAVERAL FL 32920

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

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 ☐ DELETE

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

TITLE SD ☐ DELETE

NAME GREUSENHAUSER, HELEN
STREET ADDRESS 215 CIRCLE DR., #26
CITY-ST-ZIP CAPE CANAVERAL FL

TITLE VD ☐ DELETE

NAME IDE, JOHN
STREET ADDRESS 215 CIRCLE DR., #30
CITY-ST-ZIP CAPE CANAVERAL FL

TITLE BM ☐ DELETE

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

TITLE D ☐ DELETE

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

TITLE T ☐ DELETE

NAME HANSEN, THELMA
STREET ADDRESS 251 CORAL DRIVE
CITY-ST-ZIP CAPE CANAVERAL FL 32950

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-14-99

Date

467 799-8220

Daytime Phone #

CR2E037 (11/98)