

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736708

1. Entity Name

BARBIZON CONDOMINIUM ASSOCIATION, INC.

FILED

Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90004 028 ****61.25

Principal Place of Business

Mailing Address

215 CIRCLE DRIVE
CAPE CANAVERAL FL 32920

MRS. THELMA W. HANSEN
251 CORAL DR.
CAPE CANAVERAL FL 32920

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1992770

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HANSEN, THELMA
251 CORAL DRIVE
CAPE CANAVERAL FL 32920

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ND
NAME SHIRLEY L. COX
STREET ADDRESS 215 CIRCLE DR UNIT #5
CITY-ST-ZIP CAPE CANAVERAL FL 32920 ☐ Change ☒ Addition

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

TITLE D
NAME LILLIAN IDE
STREET ADDRESS 215 CIRCLE DR UNIT #28
CITY-ST-ZIP CAPE CANAVERAL FL 32920 ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME HOOD, JOHN
STREET ADDRESS 215 CIRCLE DR #24
CITY-ST-ZIP CAPE CANAVERAL FL 32920 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thelma W Hansen THELMA W HANSEN 4-9-02 321 799-8120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)