

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736708

FILED
Apr 25, 2009
Secretary of State

Entity Name: BARBIZON CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

215 CIRCLE DRIVE
CAPE CANAVERAL, FL 32920

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1992770 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANSEN, THELMA
251 CORAL DRIVE
CAPE CANAVERAL, FL 32920 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SUITER, PAULINE R
Address: 215 CIRCLE DR #1
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: SD () Delete
Name: IDE, JOHN
Address: 215 CIRCLE DR 30
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: VP () Delete
Name: WHITBURCH, RICHARD
Address: 215 CIRCLE D 2
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: D () Delete
Name: IDE, LILLIAN
Address: 215 CIRCLE DR., UNIT #28
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: T () Delete
Name: HANSEN, THELMA
Address: 251 CORAL DRIVE
City-St-Zip: CAPE CANAVERAL, FL 32950

Title: VP () Delete
Name: FAY, PETER
Address: 215 CIRCLE DR
City-St-Zip: CAPE CANAVERAL, FL 32920

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: HANSEN, THELMA
Address: 251 CORAL DRIVE
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: THELMA W. HANSEN

T

04/25/2009

Electronic Signature of Signing Officer or Director

Date