

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
 CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # N94000003426 (3)
 1. Corporation Name

TAMPICO CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
 405 5TH AVE. SOUTH 405 5TH AVE. SOUTH
 NAPLES FL 33940 NAPLES FL 33940

3. Date Incorporated or Qualified 07/12/1994 3a. Date of Last Report 03/23/1995
 4. FEI Number 65-0504173 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
 21 930 CAPE MARCO DRIVE 26 P.O. BOX 2397
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 MARCO ISLAND, FL 28 MARCO ISLAND FL
 Zip Country Zip Country
 24 33937 25 USA 29 33969 30 USA

9. Name and Address of Current Registered Agent
 ANTARAMIAN, JACK K
 405 5TH AVE. SOUTH
 NAPLES FL 33940

10. Name and Address of New Registered Agent
 81 Name ED BURT
 82 Street Address (P.O. Box Number is Not Acceptable) 490 CAPE MARCO DRIVE
 83 Unit # 401
 84 City MARCO ISLAND FL 85 Zip Code 33937

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] DATE 7-3-96
 (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS
 TITLE NAME STREET ADDRESS CITY-ST-ZIP
 1. ~~PD~~ ANTARAMIAN, JACK J 405 5TH AVE. SOUTH NAPLES FL 33940 DELETE
 2. ~~STD~~ THOMAS, CHARLES 405 5TH AVE. SOUTH NAPLES FL 33940 DELETE
 3. ~~D~~ FRAZITA, ROBERT M 248 WALNUT STREET NEWTONVILLE MA 02464 DELETE
 4. DELETE
 5. DELETE
 6. DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE President Change Addition
 1.2 NAME Fred Williams
 1.3 STREET ADDRESS 23033 ARDMORE PK
 1.4 CITY-ST-ZIP ST CLAIR SHORES, MI 48081
 2.1 TITLE Vice-President Change Addition
 2.2 NAME Robert Michaud (NM)
 2.3 STREET ADDRESS P.O. BOX 616
 2.4 CITY-ST-ZIP QUENEE, VT 05059
 3.1 TITLE SECRETARY-TREASURER Change Addition
 3.2 NAME DALE BLOM
 3.3 STREET ADDRESS 54500 MARLOW BANK LANE.
 3.4 CITY-ST-ZIP EIKHART, IN. 46514
 4.1 TITLE Director Change Addition
 4.2 NAME JERRY EGAN
 4.3 STREET ADDRESS 16483 Ringer Road
 4.4 CITY-ST-ZIP WAYZATA, MN 55391
 5.1 TITLE Director Change Addition
 5.2 NAME KARI KESSAL
 5.3 STREET ADDRESS 503 ANTILES CT.
 5.4 CITY-ST-ZIP MARCO ISLAND, FL 33937
 6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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 [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (3/96)