


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90407 031 ****61.25

DOCUMENT # N94000003426 1. Entity Name TAMPICO CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 930 CAPE MARCO DRIVE MARCO ISLAND FL 34145 US			Mailing Address 930 CAPE MARCO DRIVE MARCO ISLAND FL 34145 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0504173	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FAIRCHILD, SHARI 930 CAPE MARCO DRIVE MARCO ISLAND FL 34145				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Shari Fairchild</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>3-25-04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALBAUGH, DENNIS 121 NE 18TH STREET ANKENY IA 50021	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSISTANT SECRETARY ALBAUGH, DENNIS 121 NE. 18TH STREET ANKENY, IA 50021	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GLON, DALE R 54500 MEADOW BANK LN. ELKHART IN 46514	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT GLON, DALE R 54500 MEADOW BANK LN. ELKHART, IN. 46514	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HOFFMAN, JOSEPH 10559 N. FAIRWAY LN., 34 THIENSVILLE WI 53092	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HOFFMAN, JOSEPH 10559 N. FAIRWAY LANE MEQUON, WI. 53092	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEHISON, TOM 23630 GREENLEAF BLVD. ELKHART IN 46514	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JELLISON, TOM 23630 GREENLEAF Blvd. ELKHART, IN. 46514	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOFFMAN, JOE 10558 N. FAIRWAY LN 34 MEQUON WI 53092	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAGARINO, SAMUEL 34 CHEYENNE TRAIL SPARTA, NJ 07871	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PREVITI, JOSEPH 18 DURHAM DR. DIX HILLS NY 11746	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u><i>Joseph E Hoffman</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>March 25-04</u> <small>Daytime Phone #</small>	