

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003426

FILED
Apr 29, 2009
Secretary of State

Entity Name: TAMPICO CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

930 CAPE MARCO DRIVE
MARCO ISLAND, FL 34145 US

New Principal Place of Business:

Current Mailing Address:

930 CAPE MARCO DRIVE
MARCO ISLAND, FL 34145 US

New Mailing Address:

FEI Number: 65-0504173

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FAIRCHILD, SHARI
930 CAPE MARCO DRIVE
MARCO ISLAND, FL 34145 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: GALLUCCI, MICHAEL
Address: 3000 ROUND HILL
City-St-Zip: AKRON, OH 44333

Title: D () Delete
Name: REILY, JEROME
Address: 2115 LECOMPON RD
City-St-Zip: LEAVENWORTH, KS 66048

Title: D () Delete
Name: MAZUR, ROBERT
Address: 655 POTOMMAC ST
City-St-Zip: NORTHVILLE, MI 48167

Title: S/T () Delete
Name: PADALA, CHARLES
Address: P. O. BOX 2504
City-St-Zip: AMAGANSETT, NY 11930

Title: D () Delete
Name: STONE, ROBERT
Address: 3010 TWIN PINES POINT
City-St-Zip: ELKHART, IN 46514

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: MICHAEL GALLUCI

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date