

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90066 011 ****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**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Shari Fairchild

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

(NOTE: Registered Agent signature required when reinstating)

3-24-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete
NAME **MAGARINO, SAM**
STREET ADDRESS **34 CHEYENNE TRAIL**
CITY-ST-ZIP **SPARTA NJ 07871**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **Albaugh, Dennis**
STREET ADDRESS **121 NE 18th STREET**
CITY-ST-ZIP **ANKENY, IA 50021**

TITLE **D** ☒ Delete
NAME **BAUM, SUE**
STREET ADDRESS **930 CAPE MARCO DRIVE #501**
CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
NAME **DALE R. GION**
STREET ADDRESS **54500 MEADOWBANK LANE**
CITY-ST-ZIP **EIKHART, IN 46514**

TITLE **D** ☐ Delete
NAME **ALBAUGH, DENNIS**
STREET ADDRESS **502 SW NOTTINGHAM DR**
CITY-ST-ZIP **ANKENY IA 50021**

TITLE **SECRETARY - TREASURER** ☒ Change ☐ Addition
NAME **HOFFMAN, JOSEPH**
STREET ADDRESS **10559 N. FAIRWAY LN. #34**
CITY-ST-ZIP **MEQUON, WI 53092**

TITLE **ST** ☒ Delete
NAME **EDGAR, HAL**
STREET ADDRESS **930 CAPE MARCO DRIVE #502**
CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **TOM JELISON**
STREET ADDRESS **23630 GREENLEAF BLVD.**
CITY-ST-ZIP **EIKHART, IN 46514**

TITLE **D** ☐ Delete
NAME **HOFFMAN, JOE**
STREET ADDRESS **10558 N. FAIRWAY LN 34**
CITY-ST-ZIP **MEQUON WI 53092**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **PREVITI, JOSEPH**
STREET ADDRESS **18 DURHAM DRIVE**
CITY-ST-ZIP **DIX HILLS, NY 11746**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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: **JOSEPH E. HOFFMAN**

Joseph E. Hoffman

CR2E037 (10/02)