

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90021 017 ****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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number **65-0504173** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent FAIRCHILD, SHARI 930 CAPE MARCO DRIVE MARCO ISLAND FL 34145		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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* *SHARI FAIRCHILD* **3-21-05**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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 NAME STREET ADDRESS CITY-ST-ZIP	AS ALBAUSH, DENNIS 121 NE 18TH STREET ANKENY IA 50021 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JERRY A. CONROY 4730 REGENTS WALK SHOREWOOD, MN 55331 ☐ Change ☒ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GLON, DALE R 54500 MEADOW BANK LN. ELKHART IN 46514 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT JEROME REILLY 2115 LECOMPTON RD. LEAVENWORTH, KS 66048 ☐ Change ☒ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HOFFMAN, JOSEPH 10559 N FAIRWAY LANE THIENSVILLE WI 53092 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ROBERT MAZUR 655 POTOMAC ST. NORTHVILLE, MI 48167 ☐ Change ☒ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JELLISON, TOM 23630 GREENLEAF BLVD. ELKHART IN 46514 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MICHAEL GALLUCCI 3000 ROUND HILL AKRON, OH. 44333 ☐ Change ☒ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARGARINO, SAMUEL 34 CHEYENNE TRL. SPARTA NJ 07871 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY - TREASURER JOSEPH, PREVITI 18 DURHAM DRIVE DIX HILLS, NY 11746 ☒ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PREVITI, JOSEPH 18 DURHAM DR. DIX HILLS NY 11746 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joseph Previti* SECRETREASURER **3-21-05** 239 389 030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #