


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N25958** (2)

1. Corporation Name

**GAUCHO ASSOCIATION OF TAMPA, INC.**



Principal Place of Business <b>8313 TERRACEWOOD CIRCLE TAMPA FL 33615</b>	Mailing Address <b>8313 TERRACEWOOD CIRCLE TAMPA FL 33615</b>
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3. Date Incorporated or Qualified <b>04/18/1988</b>	
4. FEI Number <b>59-2894894</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Sulte, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>VONDRAK JAMES W. 8313 TERRACEWOOD CIRCLE TAMPA FL 33615</b>
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	DP VANCE, R. DOUGLAS 3303 LA HABRA COURT TAMPA FL
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DV MATCHUS, DAVID B. 16004 WYNDOVER ROAD TAMPA FL
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DST VONDRAK, JAMES W. 8313 TERRACEWOOD CIRCLE TAMPA FL
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D ALVAREZ, DANIEL J. 15539 WOODWAY DR. TAMPA FL
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D FLOYD, ROBERT D. 3304 LA HABRA COURT TAMPA FL
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D GREENE, STUART L. 3155 LAKE ELLEN DRIVE TAMPA FL
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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]*

CP2E037 (10/97)