

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 741392 (5)

1. Corporation Name  
**HOURGLASS OWNERS ASSOCIATION, INC.**



Principal Place of Business: 159 HOURGLASS DR, VENICE FL 34293-6057, US  
Mailing Address: 148 HOURGLASS DR, VENICE FL 34293-6057, US

3. Date Incorporated or Qualified: 01/19/1978  
3a. Date of Last Report: 02/14/1995

2. Principal Place of Business: 21 131 Hourglass Dr., Venice, Fl. 34293  
22 Suite, Apt. #, etc.  
23 City & State: Venice, Fl. 34293  
24 Zip: 34293, 25 Country: US  
2a. Mailing Address: 26 131 Hourglass Dr., Venice, Fl. 34293  
27 Suite, Apt. #, etc.  
28 City & State: Venice, Fl. 34293  
29 Zip: 34293, 30 Country: US

4. FEI Number: 59-2260178  
Applied For: Not Applicable  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes  No

9. Name and Address of Current Registered Agent: SHELTO, FRANK P, 159 HOURGLASS DR, VENICE FL 34293  
10. Name and Address of New Registered Agent: 81 Name: Tanski, Michael P., 82 Street Address (P.O. Box Number is Not Acceptable): 131 Hourglass Dr., 83, 84 City: Venice, FL, 85 Zip Code: 34293

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: *Michael P. Tanski* Michael P. Tanski, Treasurer 04/20/96  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: VD <input checked="" type="checkbox"/> DELETE	NAME: RUSSO, V ARTHUR STREET ADDRESS: 156 OURGLASDS DR CITY-ST-ZIP: VENICE, FL 00000	1.1 TITLE: VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: Fischesser, Tod 1.3 STREET ADDRESS: 146 Hourglass Dr. Venice, Fl.
TITLE: TD <input checked="" type="checkbox"/> DELETE	NAME: BOEDER, NORBERT D STREET ADDRESS: 148 HOURGLASS DR CITY-ST-ZIP: VENICE FL	2.1 TITLE: TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME: Tanski, Michael P. 2.3 STREET ADDRESS: 131 Hourglass Dr. Venice, Fl.
TITLE: P <input checked="" type="checkbox"/> DELETE	NAME: SHELTO, FRANK P STREET ADDRESS: 159 HOURGLASS DR CITY-ST-ZIP: VENICE, FL 00000	3.1 TITLE: R <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME: DeSanctis, Joseph 3.3 STREET ADDRESS: 110 Hourglass Dr. Venice, Fl.
TITLE: D <input checked="" type="checkbox"/> DELETE	NAME: DESANCTIS, JOSEPH STREET ADDRESS: 110 HOURGLASS DR CITY-ST-ZIP: VENICE FL	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:
TITLE: SD <input type="checkbox"/> DELETE	NAME: DEVENY, ANN GIOVANNA STREET ADDRESS: 98 HOURGLASS DR CITY-ST-ZIP: VENICE FL	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:
TITLE: <input type="checkbox"/> DELETE	NAME: STREET ADDRESS: 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Michael P. Tanski* Michael P. Tanski, Treasurer 04/20/96  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)