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May 07 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 741392 (5)  
1. Corporation Name  
HOURGLASS LAKE ESTATES HOMEOWNERS ASSOCIATION, I NC.



Principal Place of Business Mailing Address  
131 HOURGLASS DR VENICE FL 34293 US  
131 HOURGLASS DR VENICE FL 34293-8056 US

3. Date Incorporated or Qualified 01/19/1978  
3a. Date of Last Report 04/29/1996  
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  
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 Zip Country 25 Country 29 Zip Country 30

9. Name and Address of Current Registered Agent  
TANSKI, MICHAEL P.  
131 HOURGLASS DR  
VENICE FL 34293

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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 *[Signature]* Michael P. Tanski, Treasurer 4/20/97  
Signature, typed or printed name of registered agent and title if applicable. Date

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	FISCHESSE, TOD	
STREET ADDRESS	146 HOURGLASS DR	
CITY-ST-ZIP	VENICE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	TANSKI, MICHAEL P	
STREET ADDRESS	133 HOURGLASS DR	
CITY-ST-ZIP	VENICE FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	DESANCTIS, JOSEPH	
STREET ADDRESS	110 HOURGLASS DR	
CITY-ST-ZIP	VENICE, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DESANCTIS, JOSEPH	
STREET ADDRESS	110 HOURGLASS DR	
CITY-ST-ZIP	VENICE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DEVENY, ANN GIOVANNA	
STREET ADDRESS	98 HOURGLASS DR	
CITY-ST-ZIP	VENICE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Fischesse, Tod	
1.3 STREET ADDRESS	146 Hourglass Drive	
1.4 CITY-ST-ZIP	Venice, FL 34292	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	John Wylie	
3.3 STREET ADDRESS	114 Hourglass Drive	
3.4 CITY-ST-ZIP	Venice, FL. 34293	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Sanford, John	
4.3 STREET ADDRESS	136 Hourglass Drive	
4.4 CITY-ST-ZIP	Venice, FL 34293	
5.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Deveny, Ann Giovanna	
5.3 STREET ADDRESS	98 Hourglass Dr., Venice, FL	
5.4 CITY-ST-ZIP		
6.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Slockbower, Barbara	
6.3 STREET ADDRESS	153 Hourglass Drive, Venice, FL	
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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]* Michael P. Tanski, Treasurer 4/20/97 (941) 485-3311  
Signature and typed or printed name of signing officer or director. Date Daytime Phone 0084815

CR2E037 (9/96)