

FILE NOW: FILING FEE IS \$61.25

FILED

May 07 1997 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

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



|   |  |
|---|--|
| Principal Place of Business<br><b>131 HOURGLASS DR<br/>VENICE FL 34293<br/>US</b> | Mailing Address<br><b>131 HOURGLASS DR<br/>VENICE FL 34293-8056<br/>US</b> |
|---|--|

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>01/19/1978</b>  | 3a. Date of Last Report<br><b>04/29/1996</b>           |
| 4. FEI Number<br><b>59-2260178</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 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>                     |
| 6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

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

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   |
| 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: *Michael P. Tanski* **Michael P. Tanski, Treasurer** DATE: **4/20/97**

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 1.2 NAME           | <b>Fischesse, Tod</b>  |
| 1.3 STREET ADDRESS | <b>146 Hourglass Drive</b>   |
| 1.4 CITY-ST-ZIP    | <b>Venice, FL 34292</b>  |
| 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          | <b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 3.2 NAME           | <b>John Wylie</b>  |
| 3.3 STREET ADDRESS | <b>114 Hourglass Drive</b>   |
| 3.4 CITY-ST-ZIP    | <b>Venice, FL. 34293</b>   |
| 4.1 TITLE          | <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 4.2 NAME           | <b>Sanford, John</b>   |
| 4.3 STREET ADDRESS | <b>136 Hourglass Drive</b>   |
| 4.4 CITY-ST-ZIP    | <b>Venice, FL 34293</b>  |
| 5.1 TITLE          | <b>VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           | <b>Deveny, Ann Giovanna</b>  |
| 5.3 STREET ADDRESS | <b>98 Hourglass Dr., Venice, FL</b>  |
| 5.4 CITY-ST-ZIP    |  |
| 6.1 TITLE          | <b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           | <b>Slockbower, Barbara</b>   |
| 6.3 STREET ADDRESS | <b>153 Hourglass Drive, Venice, FL</b>   |
| 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: *Michael P. Tanski* **Michael P. Tanski, Treasurer** DATE: **4/20/97** (941) 485-3311

CR2E037 (9/96)