

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

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



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

3. Date Incorporated or Qualified
01/19/1978

4. FEI Number 59-2260178	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
------------------------------------	---	---

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

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.
 Yes No

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 **4-5-98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	FISCHESSER, 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 type="checkbox"/> DELETE
NAME	WYLIE, JOHN
STREET ADDRESS	114 HOURGLASS DRIVE
CITY-ST-ZIP	VENICE, FL 00000
TITLE	D <input type="checkbox"/> DELETE
NAME	SANFORD, JOHN
STREET ADDRESS	136 HOURGLASS DRIVE
CITY-ST-ZIP	VENICE FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	DEVENY, ANN G
STREET ADDRESS	98 HOURGLASS DR.
CITY-ST-ZIP	VENICE FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	SLOCKBOWER, BARBARA
STREET ADDRESS	153 HOURGLASS DRIVE
CITY-ST-ZIP	VENICE FL

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SANFORD, JOHN
4.3 STREET ADDRESS	136 HOURGLASS DR.
4.4 CITY-ST-ZIP	VENICE FL 34293
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DEVENY, ANN G.
5.3 STREET ADDRESS	98 HOURGLASS DR.
5.4 CITY-ST-ZIP	VENICE FL 34293
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: Ann G. Deveny **ANN G. DEVENY** **3-24-98** **941-497-6819**

CR2E037 (10/97)