

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 13 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 # 741392 (5)**  
1. Corporation Name  
**HOURGLASS LAKE ESTATES HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>131 HOURGLASS DR VENICE FL 34293 US</b>	Mailing Address <b>131 HOURGLASS DR VENICE FL 34293 US</b>
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3. Date Incorporated or Qualified  
**01/19/1978**

4. FEI Number <b>59-2260178</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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	<b>FL</b>

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

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	<b>SANFORD, JOHN</b>
4.3 STREET ADDRESS	<b>136 HOURGLASS DR.</b>
4.4 CITY-ST-ZIP	<b>VENICE FL 34293</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>DEVENY, ANN G.</b>
5.3 STREET ADDRESS	<b>98 HOURGLASS DR.</b>
5.4 CITY-ST-ZIP	<b>VENICE FL 34293</b>
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** **94-497-6819**

CR2E037 (10/97)