


FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90184 049 ****61.25

NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harriss
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 741392

1. Corporation Name
HOURGLASS LAKE ESTATES HOMEOWNERS ASSOCIATION, INC.

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



21	2. Principal Place of Business 98 HOURGLASS DR.	2a. Mailing Address 98 HOURGLASS DR	3. Date Incorporated or Qualified 01/19/1978
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-2260178
23	City & State VENICE FL	City & State VENICE, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip 34293	Country USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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

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 Panski DATE 2-2-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	T.D. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TANSKI, MICHAEL P	1.2 NAME	TANSKI, MICHAEL P SAME
STREET ADDRESS	133 HOURGLASS DR	1.3 STREET ADDRESS	133 HOURGLASS DR.
CITY-ST-ZIP	VENICE FL	1.4 CITY-ST-ZIP	VENICE, FL
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYLIE, JOHN	2.2 NAME	COMEAU, BILL
STREET ADDRESS	114 HOURGLASS DRIVE	2.3 STREET ADDRESS	110 HOURGLASS DR.
CITY-ST-ZIP	VENICE, FL 00000	2.4 CITY-ST-ZIP	VENICE-FL 34293
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANFORD, JOHN	3.2 NAME	BROWN, DAVID
STREET ADDRESS	136 HOURGLASS DRIVE	3.3 STREET ADDRESS	111 HOURGLASS DR.
CITY-ST-ZIP	VENICE FL 34293	3.4 CITY-ST-ZIP	VENICE, FL 34293
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	S.D. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVENY, ANN G	4.2 NAME	DEVENY, ANN G. SAME
STREET ADDRESS	98 HOURGLASS DR.	4.3 STREET ADDRESS	98 HOURGLASS DR
CITY-ST-ZIP	VENICE FL 34293	4.4 CITY-ST-ZIP	VENICE, FL 34293
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(j), 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, with all other like empowered.

SIGNATURE: Ann G. Deveny, Secretary 3-20-99 944-497-6868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 ANN G. DEVENY

CR2E037 (1/198)