FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Feb 13, 2001 8:00 am **DOCUMENT # 741392 Secretary of State** 1. Entity Name HOURGLASS LAKE ESTATES HOMEOWNERS ASSOCIATION, I 02-13-2001 90570 011 \*\*\*\*61.25 Principal Place of Business Mailing Address 98 HOURGLASS DR 98 HOURGLASS DR VENICE FL 34293 VENICE FL 34293 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2260178 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) TANSKI, MICHAEL P. 131 HOURGLASS DR VENICE FL 34293 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. **SIGNATURE** 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Change ☐ Addition TITLE ☐ Delete TITLE TANSKI, MICHAEL P NAME NAME 133 HOURGLASS DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **VENICE FL** Delete Schweitzer, CARL Change Addition TITI F TITLE SACHKAR, STEVE NAME NAME 118 HOURGLASS DR. STREET ADDRESS 123 HOURGLASS DR STREET ADDRESS VENICE FL 34293 CITY-ST-ZIP VENICE FL 34293 CITY-ST-ZIP -☐ Change Addition Detete TITLE TITLE SCHMIDT, CHRIS NAME ROSEMBALM, TOM NAME 157 HOURGLASS DR STREET ADDRESS STREET ADDRESS 116 HOURGLASS DR CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34293 VENICE FL 34293 Change **Addition** TITLE Delete TITLE GIBSON, MARIE DEVENY, ANN G NAME NAME STREET ADDRESS 98 HOURGLASS DR. STREET ADDRESS 133 HOUR CLASS IJA. CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34293 ☐ Delete TITLE TITLE Change ☐ Addition PARSONS, BARBARA NAME NAME STREET ADDRESS 106 HOURGLASS DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34293 ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. 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 report or supplemental 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 10 or Block 11 if

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daylime Phone #

changed, or on an attachment with an address, with all other like empowered,