

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90028 013 ****61.25

DOCUMENT # 741392

1. Entity Name
HOURGLASS LAKE ESTATES HOMEOWNERS ASSOCIATION, I NC.

Principal Place of Business 98 HOURGLASS DR VENICE FL 34293 US	Mailing Address 98 HOURGLASS DR VENICE FL 34293 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 118 HOURGLASS DR Suite, Apt. #, etc.	3. Mailing Address 118 HOURGLASS DR Suite, Apt. #, etc.
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City & State VENICE FL	City & State VENICE FL	4. FEI Number 59-2260178	Applied For <input type="checkbox"/> Not Applicable
Zip 34293	Country	Zip 34293	Country

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

6. Name and Address of Current Registered Agent
**TANSKI, MICHAEL P.
 131 HOURGLASS DR
 VENICE FL 34293**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 *M. Tanski* DATE 2-28-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TANSKI, MICHAEL P 133 HOURGLASS DR VENICE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHWEIZER, CARL 118 HOURGLASS DRIVE VENICE FL 34293 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROSEBALM, TOM 116 HOURGLASS DRIVE VENICE FL 34293 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEVENY, ANN G 133 HOURGLASS DRIVE VENICE FL 34293 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GIBSON, MARIE 133 HOURGLASS DR VENICE FL 34293 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARSONS, BARBARA 106 HOURGLASS DR VENICE FL 34293 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: *M. Tanski* **NOTARIAL SIGNATURE REQUIRED** DATE 2-28-02

CR2E037 (9/01)