


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90084 043 ****61.25

DOCUMENT # 741392					
1. Entity Name HOURGLASS LAKE ESTATES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 116 HOURGLASS DR VENICE, FL 34293 US		Mailing Address 116 HOURGLASS DR VENICE, FL 34293 US			
2. Principal Place of Business <i>123 HOURGLASS DR</i> Suite, Apt. #, etc.		3. Mailing Address <i>123 HOURGLASS DR</i> Suite, Apt. #, etc.			
City & State <i>VENICE FL</i>		City & State <i>VENICE FL</i>		4. FEI Number <i>59-2260178</i>	
Zip <i>34293</i>		Country <i>SARASOTA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip <i>34293</i>		Country <i>SARASOTA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$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			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
State			State		
Zip Code			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <i>MICHAEL P TANSKI TREASURER</i> <i>[Signature]</i> <i>3-11-04</i>					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TANSKI, MICHAEL P		NAME		
STREET ADDRESS	133 HOURGLASS DR		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<i>PD</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSEBALM, TOM		NAME	<i>STEVEN SACHKAR</i>	
STREET ADDRESS	116 HOURGLASS DRIVE		STREET ADDRESS	<i>123 HOURGLASS DR</i>	
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP	<i>VENICE FL 34293</i>	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVENY, ANN GIOVANNA		NAME		
STREET ADDRESS	98 HOURGLASS DR		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<i>D</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARSONS, BARBARA		NAME	<i>SYLVIA SEWELL</i>	
STREET ADDRESS	106 HOURGLASS DR		STREET ADDRESS	<i>109 HOURGLASS DR</i>	
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP	<i>VENICE FL 34293</i>	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<i>VD</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SACILOTTO, RICHARD		NAME	<i>DAVID BROWN</i>	
STREET ADDRESS	149 HOURGLASS DR		STREET ADDRESS	<i>111 HOURGLASS DR</i>	
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP	<i>VENICE FL 34293</i>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(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: <i>[Signature]</i> MICHAEL P TANSKI <i>3-11-04</i> <i>941-497-2563</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					