

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 07, 2003 8:00 am**  
**Secretary of State**

03-07-2003 90106 013 \*\*\*\*61.25

0058965

**DOCUMENT # 741392**

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



Principal Place of Business  
**118 HOURGLASS DR  
VENICE FL 34293  
US**

Mailing Address  
**118 HOURGLASS DR  
VENICE FL 34293  
US**

00033000



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**116 HOURGLASS DR**  
Suite, Apt. #, etc.

3. Mailing Address  
**116 HOURGLASS DR**  
Suite, Apt. #, etc.

City & State  
**VENICE FL**

City & State  
**VENICE FL**

4. FEI Number **59-2260178**

Applied For  
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

7. Name and Address of New Registered Agent

**TANSKI, MICHAEL P.  
131 HOURGLASS DR  
VENICE FL 34293**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD TANSKI, MICHAEL P 133 HOURGLASS DR VENICE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SCHWEIZER, CARL 118 HOURGLASS DRIVE VENICE FL 34293</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD ROSEBALM, TOM 116 HOURGLASS DRIVE VENICE FL 34293</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD GIBSON, MARIE 133 HOURGLASS DR VENICE FL 34293</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PARSONS, BARBARA 106 HOURGLASS DR VENICE FL 34293</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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	<b>P ROSEBALM, TOM 116 HOURGLASS DR VENICE FL 34293</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD ANN GIOVANNA DEVENY 98 HOURGLASS DR VENICE FL 34293</b>	<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	<b>VD SACILOTTO, RICHARD 149 HOURGLASS DR VENICE FL 34293</b>	<input type="checkbox"/> Change <input checked="" 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)(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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

2-21-03 941-497-2513

CR2E037 (10/02)