

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northing  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**DOCUMENT # 713887 (8)**

1. Corporation Name

**IMPERIAL HOUSE OF VENICE, INC.**

95 APR 12 PM 11:48

Principal Place of Business      Mailing Address  
**1801 GLENGARY STREET  
SARASOTA FL 34231-0603**      **1801 GLENGARY STREET  
SARASOTA FL 34231-0603**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      2a. Mailing Address  
21      26  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
22      27  
City & State      City & State  
23      28  
Zip      Country      Zip      Country  
24      25      29      30

3. Date Incorporated or Qualified      3a. Date of Last Report  
**12/29/1967**      **04/22/1994**  
4. FEI Number      Applied For  
**59-1310648**      Not Applicable  
5. Certificate of Status Desired            **\$8.75 Additional  
Fee Required**  
6. Election Campaign Financing  
Trust Fund Contribution            **\$5.00 May Be  
Added to Fees**  
7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status            **\$68.75 Supplemental  
Fee Not Required**  
8. This corporation has liability for intangible tax under S. 189.032,  
Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent  
**CONDOMINIUM MANAGEMENT INC  
1801 GLENGARY STREET  
SARASOTA FL 34231**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City      FL      85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and 1994 applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MILLER, V L
STREET ADDRESS	333 THE ESPLANADE #301
CITY - ST - ZIP	VENICE, FL 00000
TITLE	VD
NAME	TATLER, WILLIAM
STREET ADDRESS	333 THE ESPLANADE #302
CITY - ST - ZIP	VENICE, FL 00000
TITLE	SD
NAME	KNIGHT, MARTIN
STREET ADDRESS	333 THE ESPLANADE NO #303
CITY - ST - ZIP	VENICE FL
TITLE	TD
NAME	BUSTER, PATRICIA J
STREET ADDRESS	333 THE ESPLANADE #209
CITY - ST - ZIP	VENICE FL
TITLE	D
NAME	HUTCHINSON, JOHN B.
STREET ADDRESS	1019 DELACROIX CIRCLE
CITY - ST - ZIP	NOKOMIS 00000 FL
TITLE	AS
NAME	CLARK, PAUL R
STREET ADDRESS	1801 GLENGARY ST
CITY - ST - ZIP	SARASOTA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

**SEE ATTACHED**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 my address.

SIGNATURE: *Richard Clark*  
P. Richard Clark

2/11/95 813-921-5393

**IMP****Imperial House of Venice, Inc.**

713887

**Manager****DOUG****Local Address**

<b>P/D</b>	<b>Mr. Martin Knight</b> 333 The Esplanade No #303 Venice, FL 34285
<b>V/D</b>	<b>Mr. Verla L. Miller</b> 333 The Esplanade No #301 Venice, FL 34285
<b>S/D</b>	<b>Ms. Cheri A. Fugh</b> 333 The Esplanade No #103 Venice, FL 34285
<b>T/D</b>	<b>Mr. Milton V. Thibeault</b> 333 The Esplanade No #101 Venice, FL 34285
<b>A/S</b>	<b>Mr. P. Richard Clark</b> 1801 Glengary Street Sarasota, FL 34231
<b>A/S</b>	<b>Mr. M. Bradford Hall</b> 333 The Esplanade No #205 Venice, FL 34285
<b>A/T</b>	<b>Paul R. Clark, Jr.</b> 1801 Glengary Street Sarasota, FL 34231