


FILE NOW: FILING FEE IS \$61.25

FILED

May 18 1998 8:00am  
Secretary of State

|                                                          |                                                                                   |                                                                                                           |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **713887** (8)

1. Corporation Name

**IMPERIAL HOUSE OF VENICE, INC.**

Principal Place of Business

**1801 GLENGARY STREET  
SARASOTA FL 34231-0603**

Mailing Address

**1801 GLENGARY STREET  
SARASOTA FL 34231-0603**

3. Date Incorporated or Qualified

**12/29/1967**

4. FEI Number

**59-1310648**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CONDOMINIUM MANAGEMENT INC  
1801 GLENGARY STREET  
SARASOTA FL 34231**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                                |                                            |
|----------------|--------------------------------|--------------------------------------------|
| TITLE          | <b>VD</b>                      | <input type="checkbox"/> DELETE            |
| NAME           | <b>MILLER, V L</b>             |                                            |
| STREET ADDRESS | <b>333 THE ESPLANE #301</b>    |                                            |
| CITY-ST-ZIP    | <b>VENICE, FL 00000</b>        |                                            |
| TITLE          | <b>SD</b>                      | <input type="checkbox"/> DELETE            |
| NAME           | <b>PUGH, CHERI A</b>           |                                            |
| STREET ADDRESS | <b>333 THE ESPLANE #103</b>    |                                            |
| CITY-ST-ZIP    | <b>VENICE, FL 00000</b>        |                                            |
| TITLE          | <b>PD</b>                      | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>KNIGHT, MARTIN</b>          |                                            |
| STREET ADDRESS | <b>333 THE ESPLANE NO #303</b> |                                            |
| CITY-ST-ZIP    | <b>VENICE FL</b>               |                                            |
| TITLE          | <b>TD</b>                      | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>HALL, M. BRADFORD</b>       |                                            |
| STREET ADDRESS | <b>333 THE ESPLANE #205</b>    |                                            |
| CITY-ST-ZIP    | <b>VENICE FL</b>               |                                            |
| TITLE          | <b>D</b>                       | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>RESSA, LEO</b>              |                                            |
| STREET ADDRESS | <b>333 THE ESPLANE #403</b>    |                                            |
| CITY-ST-ZIP    | <b>VENICE FL 34285</b>         |                                            |
| TITLE          | <b>AS</b>                      | <input type="checkbox"/> DELETE            |
| NAME           | <b>CLARK, PAUL R</b>           |                                            |
| STREET ADDRESS | <b>1801 GLENGARY ST</b>        |                                            |
| CITY-ST-ZIP    | <b>SARASOTA FL</b>             |                                            |

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY-ST-ZIP    |                                                                   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY-ST-ZIP    |                                                                   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                   |
| 3.3 STREET ADDRESS |                                                                   |
| 3.4 CITY-ST-ZIP    |                                                                   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                                                                   |
| 4.3 STREET ADDRESS |                                                                   |
| 4.4 CITY-ST-ZIP    |                                                                   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                                                                   |
| 5.3 STREET ADDRESS |                                                                   |
| 5.4 CITY-ST-ZIP    |                                                                   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |                                                                   |
| 6.3 STREET ADDRESS |                                                                   |
| 6.4 CITY-ST-ZIP    |                                                                   |

SEE ATTACHED

14. 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 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0063048

CR2E037 (10/97)

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

Page : 1

**Manager DOUG****Local Address****Date Printed:****12/9/97****Code****P/D****Mr. Leo A. Ressa  
333 The Esplanade  
Unit #403  
Venice, FL 34285****10****V/D****Mr. Verlin L. Miller  
333 The Esplanade No #301  
Venice, FL 34285****12****S/D****Ms. Cheri A. Pugh  
333 The Esplanade No #103  
Venice, FL 34285****25****T/D****Mr. Patrick H. Driscoll  
333 The Esplanade N. #303  
Venice, FL 34285****30****D****Mr. M. Bradford Hall  
333 The Esplanade No #205  
Venice, FL 34285****40****AS****Mr. P. Richard Clark  
1801 Glengary St.  
Sarasota, FL 34231****50****AT****Paul R. Clark  
1801 Glengary St.  
Sarasota, FL 34231****55**