


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90220 004 \*\*\*\*61.25

<b>DOCUMENT # 713887</b> 1. Entity Name <b>IMPERIAL HOUSE OF VENICE, INC.</b>					
Principal Place of Business <b>1801 GLENGARY STREET SARASOTA, FL 34231-0603</b>			Mailing Address <b>1801 GLENGARY STREET SARASOTA, FL 34231-0603</b>		
2. Principal Place of Business <i>Progressive Community Mgmt, Inc</i> Suite, Apt. #, etc. <b>1801 Glengary Street</b> City & State <b>Sarasota, FL</b> Zip <b>34231</b>		3. Mailing Address <i>Progressive Community Mgmt, Inc</i> Suite, Apt. #, etc. <b>1801 Glengary Street</b> City & State <b>Sarasota, FL</b> Zip <b>34231</b>		01232004 Chg-NP CR2E037 (10/03) 4. FEI Number <b>59-1310648</b>	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CONDOMINIUM MANAGEMENT INC 1801 GLENGARY STREET SARASOTA, FL 34231</b>			7. Name and Address of New Registered Agent Name <i>Progressive Community Management, Inc</i> Street Address (P.O. Box Number is Not Acceptable) <b>1801 Glengary Street</b> City <b>Sarasota</b> <b>FL</b> Zip Code <b>34231</b>		
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>Jim Markel</i> <b>Jim Markel</b> <b>4/12/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>RESSA, LEO A</b> <b>869 SORRELL LANE</b> <b>VENICE, FL 34293</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Huntoon, Charles J.</b> <b>333 The Esplanade N., 504</b> <b>Venice, FL 34285</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>DICKINSON, TED</b> <b>333 THE ESPLANADE NO 605</b> <b>VENICE, FL 34285</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS <b>Markel, Jim</b> <b>1801 Glengary Street</b> <b>Sarasota, FL 34231</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>TATLER, ANNE M</b> <b>333 THE ESPLANADE #302</b> <b>VENICE, FL 34285</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT <b>Sutton, William</b> <b>1801 Glengary Street</b> <b>Sarasota, FL 34231</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS <b>CLARK, P. RICHARD MR</b> <b>1801 GLENGARY ST</b> <b>SARASOTA, FL 34231</b>	<input checked="" 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	D <b>RUEGER, MELVEN</b> <b>333 THE ESPLANADE #505</b> <b>VENICE, FL 34285</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>DRISCOLL, PAT</b> <b>333 THE ESPLANADE N #303</b> <b>VENICE, FL 34285</b>	<input type="checkbox"/> Delete	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)(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.					
<b>SIGNATURE:</b> <i>Jim Markel</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4/12/04</b> <small>Date</small>		
			<b>941-921-5393</b> <small>Daytime Phone #</small>		