

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90181 024 \*\*\*\*61.25

**DOCUMENT # 713887**

1. Entity Name  
**IMPERIAL HOUSE OF VENICE, INC.**



Principal Place of Business  
**PROGRESSIVE COMMUNITY MGMT, INC.  
1801 GLENGARY STREET  
SARASOTA, FL 34231**

Mailing Address  
**PROGRESSIVE COMMUNITY MGMT, INC.  
1801 GLENGARY STREET  
SARASOTA, FL 34231**

40054433



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02212006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-1310648**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**PROGRESSIVE COMMUNITY MANAGEMENT, INC.  
1801 GLENGARY STREET  
SARASOTA, FL 34231**

**7. Name and Address of New Registered Agent**

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 reissuing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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**

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HUNTOON, CHARLES J	
STREET ADDRESS	333 THE ESPLANDE N., # 501	
CITY-ST-ZIP	VENICE, FL 34285	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DOUGLAS, LEORA	
STREET ADDRESS	333 THE ESPLANADE N., # 208	
CITY-ST-ZIP	VENICE, FL 34285	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JOYCE, JAMES	
STREET ADDRESS	333 THE ESPLANADE N., # 108	
CITY-ST-ZIP	VENICE, FL 34285	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MARKEL, JIM	
STREET ADDRESS	1801 GLENGARY ST	
CITY-ST-ZIP	SARASOTA, FL 34231	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PUGH, CHERI	
STREET ADDRESS	333 THE ESPLANADE N., # 103	
CITY-ST-ZIP	VENICE, FL 34285	
TITLE	AT	<input type="checkbox"/> Delete
NAME	SUTTON, BILL	
STREET ADDRESS	1801 GLENGARY STREET	
CITY-ST-ZIP	SARASOTA, FL 34231	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STUCKEY, DONALD	
STREET ADDRESS	333 THE ESPLANADE N., # 107	
CITY-ST-ZIP	VENICE, FL 34285	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 another like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jim MARKEL 4/17/06 941-921-5393**

Date

Daytime Phone #