

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **731532** (8)  
1. Corporation Name  
**IMPERIAL EMBASSY CONDOMINIUM ONE, INC.**



Principal Place of Business: **4747 AZALEA DRIVE P.O. BOX 133 NEW PORT RICHEY FL 34652-2023**  
Mailing Address: **4747 AZALEA DRIVE P.O. BOX 133 NEW PORT RICHEY FL 34652-2023**

3. Date Incorporated or Qualified: **12/31/1974**  
3a. Date of Last Report: **04/13/1995**

2. Principal Place of Business  
21 **4747 AZALEA DRIVE**  
Suite, Apt. #, etc.  
22 **P.O. Box 133**  
City & State  
23 **New Port Richey, FL.**  
Zip Country  
24 **34652-2023** 25 **PASCO**  
2a. Mailing Address  
26 **4747 AZALEA DRIVE**  
Suite, Apt. #, etc.  
27 **P.O. Box 133**  
City & State  
28 **New Port Richey, FL.**  
Zip Country  
29 **34652-2023** 30 **PASCO**

4. FEI Number: **59-1724611**  
Applied For:  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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**WHITEMAN, JOSEPHINE**  
**4747 AZALEA DR #227**  
**NEW PORT RICHEY FL 34652**  
10. Name and Address of New Registered Agent  
81 Name: **ELIZABETH JOHNSON**  
82 Street Address (P.O. Box Number is Not Acceptable): **4747 AZALEA DRIVE**  
83 **#123**  
84 City: **New Port Richey** FL 85 Zip Code: **34652**

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: *Elizabeth Johnson, Treas.* DATE: **1-26-96**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>NEGGIE, HELEN</b>	
STREET ADDRESS	<b>4747 AZALEA DR 229</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>GIBSON, ERMA</b>	
STREET ADDRESS	<b>4747 AZALEA DR 126</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WHITEMAN, JOSEPHINE</b>	
STREET ADDRESS	<b>4747 AZALEA DR 227</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>GIBSON, ERMA</b>	
STREET ADDRESS	<b>4747 AZALEA DR 126</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WHITEMAN, JOSEPHIN</b>	
STREET ADDRESS	<b>4747 AZALEA DR 227</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	<b>TD</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	<b>ELIZABETH JOHNSON</b>		
3.3 STREET ADDRESS	<b>4747 AZALEA DR 123</b>		
3.4 CITY-ST-ZIP	<b>New Port Richey, FL.</b>		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	<b>000001731500</b>	<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	<b>-03/04/96--01131--005</b>		
5.3 STREET ADDRESS	<b>***61.25</b>		
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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 119.07(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 an address.

SIGNATURE: *Helen Neggie* DATE: **1-26-96** **842-4030**  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)