FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 731532

Corporation Name

IMPERIAL EMBASSY CONDOMINIUM ONE, INC.

Principal Place of Business

4747 AZALEA DRIVE P.O. BOX 133

TADDRESS

NEW PORT RICHEY FL 34652-2023

Mailing Address

4747 AZALEA DRIVE P.O. BOX 133

NEW PORT RICHEY FL 34652-2021

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90032 025 ****61.25

. I (1881) (1888) (1881 (1881) Birda (1818 (1881) Birdi) Birdi) Birdi) Birdi) Birdi) Birdi) Birdi)

		NEW PORT RICHEY FL (34652-202	23		# 1 1881/1 18668 11/6/ 11881 8/100 11/18 1/6/ GIGH			
2. Princip	al Place of Business	20 Mailin A.A.				•••		- 1	
1 Maining Address			· · · · · · · · · · · · · · · · · · ·			3. Date Incorporated or Qualifed			
Suite, Apt. #, etc.						12/31/1974			
Suite, Apt. #, etc.			· · · · · · · · · · · · · · · · · · ·			4. FEI Number			
City & S	state	27				59-1724611 Applied Fo			
3		City & State						Not Applicable	
Zip		28				5. Certifcate of Status Desired		75 Additional	
¬ ¯′′	Zip Zip			Country		& Classics C		e Required	
ــــــــــــــــــــــــــــــــــــــ	<u> 25 </u>	29	30			Election Campaign Financing Trust Fund Contribution	\$ 5.	00 May Be	
	9. Name and Address of Curren	Registered Agent	<u> </u>	Т		rreat r und Continbution	Add	led to Fees	
				81	Name	10. Name and Address of New Registered	Agent		
JOHNSON, ELIZABETH			<u> </u>						
4747 AZ	ZALEA DRIVE		82 Street A			et Address (P.O. Box Number is Not Acceptable)			
#123				83					
NEW PO	ORT RICHEY FL 34652-2023			03					
	1101121 12 34032-2023			84	City				
1. Pursuar	nt to the provisions of Sections 617 0500				•	Ei	85 Z	ip Code	
office or	registered agent, or both, in the State o	and 617.1508, Florida Statute	s, the al	ove.	named corpo	pration submits this statement for the purpose of n's board of directors. I hereby accept the appoint			
		ons of, Section 617.0503, Flori	da Statu	by ti	he corporation	pration submits this statement for the purpose of n's board of directors. I hereby accept the appo	cnanging ntment as	its registered	
IGNATURE						. •			
<u></u>	Signature, typed or printed name of registered agent a	end title if applicable. (NOTE: I	Registered /	Agent	signature required	When reinstation			
LE	OFFICERS AND	DIRECTORS	13.		- Branco required				
	1 *	☐ DELETE	DELETE 1.1 TITLE 1.2 NAME			ADDITIONS/CHANGES TO OFFICERS AN			
ME 	NEGGIE, HELEN				1		Change	e	
REET ADDRESS	1/4/ AZALEA DR 229								
Y-ST-ZIP	NEW PORT RICHEY FL		1.3 STREET		1			ſ	
Ε	SD	☐ DELETE	1.4 CITY-ST-		ZIP			1	
ME	GIBSON, ERMA	C) DETEIL	2.1 TITLE		1		Change	P ☐ Addition	
REETADDRESS	4747 AZALEA DR 126	747 A7ALFA DR 126		Ε	- 1				
'-ST-ZiP	NEW PORT RICHEY FL		ET AL	OORESS			-		
 -	TD	2.4 CITY		-ST-Z	OP			ļ	
ΙE	· 	☐ DELETE	3.1 TITLE						
	JOHNSON, ELIZABETH		3.2 NAME				Change	☐ Addition	
EET ADDRESS	4747 AZALEA DRIVE 123		3.3 STRE		npree			- 1	
-ST-ZIP	NEW PORT RICHEY FL 34652-202	3			í			1	
		☐ DELETE	3.4. CITY- 4.1 TITLE		-			1	
- 1					ĺ	· · · · · · · · · · · · · · · · · · ·	Change	☐ Addition	
TADDRESS			4. 2 NAME		ĺ				
ST-ZIP			4.3 STREE	TADE	PRESS				
			4.4 CITY-5	ST-ZIP				1	
- 1		□ DELETE	5.1 TITLE				T Chart		
ET ADORESS		1	5.2 NAME				Change	☐ Addition	
3T-ZIP		ľ	5.3 STREE	TADD	RESS				
31-ZIP	<u> </u>				ĺ			j	

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 allock 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

1/29/99

848-7302

Change

☐ Addition

CR2E037 (11/09)