


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90252 003 ****61.25

DOCUMENT # 734990 1. Entity Name IMPERIAL EMBASSY CONDOMINIUM FOUR, INC.					
Principal Place of Business 4627 BRITT DRIVE NEW PORT RICHEY FL 34652				Mailing Address 4627 BRITT DRIVE NEW PORT RICHEY FL 34652	
2. Principal Place of Business 4627 BRITT DR.		3. Mailing Address Suite, Apt. #, etc.			
City & State NEW PORT RICHEY,		City & State FL.		4. FEI Number 59-1664738	
Zip 34652		Country pASCO		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VOLPICELLA, ANGELO 4708 CAMBRIDGE AVE. NEW PORT RICHEY FL 34652				7. Name and Address of New Registered Agent Name MARK X SALGUEIRO Street Address (P.O. Box Number is Not Acceptable) 5347 X BUTTONWOOD City NEW PORT RICHEY FL Zip Code 34652	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VOLPICELLA, ANGELO 4708 CAMBRIDGE AVE. NEW PORT RICHEY FL 34652	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARK X SALGUEIRO 5347 X BUTTONWOOD NEW PORT RICHEY, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LONG, GENEVA 4713 CAMBRIDGE AVE NEW PORT RICHEY FL 34652	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	THOMAS RUSSICK 5338 BUTTONWOOD AVE NEW PORT RICHEY, FL. 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HENSON, JOSEPHINE 4644 AZALEA DR. NEW PORT RICHEY FL 34652	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JANET JAMES 4649 BRITT DR NEW PORT RICHEY, FL. 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DOOLAN, JOSEPH 4655 CAMBRIDGE AVE. NEW PORT RICHEY FL 34652	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHARLENE ANDREWS 5312 Buttonwood DR. NEW PORT RICHEY, FL. 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KING, DONALD 5344 FOSTER BLVD NEW PORT RICHEY FL 34652	<input 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	S PARIS, BETH 5342 FOSTER BLVD NEW PORT RICHEY FL 34652	<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.

SIGNATURE: *Angele Volpicella* **4/20/04 727-847-1836**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #