

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731532

Entity Name: IMPERIAL EMBASSY CONDOMINIUM ONE, INC.**Current Principal Place of Business:**5837 TROUBLE CREEK ROAD
NEW PORT RICHEY, FL 34652**Current Mailing Address:**5837 TROUBLE CREEK ROAD
NEW PORT RICHEY, FL 34652 US**FEI Number:** 59-1724611**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COMMUNITY MANAGEMENT SERVICES, INC
5837 TROUBLE CREEK ROAD
NEW PORT RICHEY, FL 34652 US*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.***SIGNATURE:** KIM JOHNSON

04/20/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name CANALE, MARILYNN
Address 5837 TROUBLE CREEK ROAD
City-State-Zip: NEW PORT RICHEY FL 34652

Title STD
Name HOLWERDA, JOYCE
Address 5837 TROUBLE CREEK ROAD
City-State-Zip: NEW PORT RICHEY FL 34652

Title PD
Name MARKS, WILLIAM
Address 5837 TROUBLE CREEK ROAD
City-State-Zip: NEW PORT RICHEY FL 34652

Title VPD
Name KISE, JAMES
Address 5837 TROUBLE CREEK ROAD
City-State-Zip: NEW PORT RICHEY FL 34652

Title D
Name INGOLD, BERNICE
Address 5837 TROUBLE CREEK ROAD
City-State-Zip: NEW PORT RICHEY FL 34652

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM MARKS

PRESIDENT

04/20/2015

Electronic Signature of Signing Officer/Director Detail

Date