

**2013 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:**

JOHNSON, KIM  
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

04/23/2013

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, JIM  
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**

04/23/2013

Electronic Signature of Signing Officer/Director Detail

Date