

731531

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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FILED
13 JAN 29 AM 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 30 2013

T. ROBERTS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 15, 2013

KATHLEEN A. NEWELL
IMPERIAL EMBASSY CONDO TWO
4747 AZALEA DR UNIT 218
NEWPORT RICHEY, FL 34652

SUBJECT: IMPERIAL EMBASSY CONDOMINIUM TWO, INC.
Ref. Number: 731531

We have received your document for IMPERIAL EMBASSY CONDOMINIUM TWO, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

The current name of the entity is as referenced above. Please correct your document accordingly.

The officers you are removing are listed as directors also, please indicate you are removing them as D also.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina Roberts
Regulatory Specialist II

Letter Number: 313A00001195

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Imperial Embassy Condo TWO, INC.

DOCUMENT NUMBER: _____

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

KATHleen A. Newell
(Name of Contact Person)

Imperial Embassy Condo TWO
(Firm/ Company)

4747 AZALEA DR., UNIT 218
(Address)

Newport Richey, Florida 34652
(City/ State and Zip Code)

KN9164783@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KATHleen A. Newell (secretary) at (727) 359-5548
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed) |
|--|--|---|--|

RECEIVED
JAN 29 AM 11:12
DIVISION OF CORPORATIONS
FLORIDA
Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

I already sent a check to you for this service. Do I need to send another one?

Thanks
Kathleen A. Newell

Articles of Amendment
to
Articles of Incorporation
of

IMPERIAL EMBASSY CONDOMINIUM TWO, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

4747 AZALE DR.

Box 100

Newport Richey, FLA. 34652

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

(Florida street address)

New Registered Office Address:

(City)

Florida

(Zip Code)

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TALLAHASSEE, FLORIDA

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

1) ☐ Change

Pres

JOHN RAMACCIATO

4747 AZALEA DR.
UNIT 201
NPR, FL 34652

☒ Add

☐ Remove

2) ☐ Change

Vice
Pres

DANIEL TRINCHILLO

4747 AZALEA DR.
UNIT 202
NPR, FL 34652

☒ Add

☐ Remove

3) ☐ Change

Treasurer KATHLEEN ROWE

4247 AZALEA DR.
UNIT 202
NPR, FL 34652

☒ Add

☐ Remove

This is her
New position

4) ☐ Change

~~Treasurer~~
~~Director~~ GERARDINE
AYLAND

~~4747 AZALEA DR.
UNIT 205
NPR, FL 34652~~

☒ Add

☒ Remove

5) ☐ Change

Secretary KATHLEEN NEWELL

4747 AZALEA DR.
UNIT 218
NPR, FL 34652

☒ Add

☐ Remove

6) ☐ Change

☐ Add

☐ Remove

you will note THAT some of the
officers have changed positions.
I have noted the changes

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

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Example:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action
(Check One)

Title

Name

Address

1) ☐ Change

Pres. BARSTOW Hanna

4747 AZALEA DR.
UNIT 112
NPR., FL. 34652

☐ Add

☒ Remove

2) ☐ Change

Director CAROL Harse

4747 AZALEA DR.
UNIT 116
NPR., FL. 34652

☐ Add

☒ Remove

3) ☐ Change

Director KATHLEEN ROWE

4747 AZALEA DR.
UNIT 202
NPR., FL. 34652

☐ Add

☒ Remove

4) ☐ Change

Treasurer Geraldine Hyde

4747 AZALEA DR
UNIT 205
NPR., FL. 34652

☐ Add

☒ Remove

5) ☐ Change

Director Geraldine Hyde

SAME AS

☒ Add

☐ Remove

(THIS IS HER
NEW POSITION

6) ☐ Change

Treasurer Peter Gerwick

4747 AZALEA DR
UNIT 212
NPR. FLA. 34652

☐ Add

☒ Remove

NO LONGER
ON BOARD

7x Secretary
Remove

Page 2 of 4

Ruth Bethke

4747 AZALEA DR.
UNIT 205
NPR., FL. 34652

NO LONGER
ON BOARD

The date of each amendment(s) adoption: 1-25-13

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated Jan. 25th, 2013

Signature Kathleen A. Newell
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

KATHLEEN A. NEWELL
(Typed or printed name of person signing)

Secretary
(Title of person signing)