

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90044 046 \*\*\*\*61.25

**DOCUMENT # 731532**

1. Entity Name

IMPERIAL EMBASSY CONDOMINIUM ONE, INC.



Principal Place of Business

4747 AZALEA DRIVE  
P.O. BOX 133  
NEW PORT RICHEY FL 34652-2023

Mailing Address

4747 AZALEA DRIVE  
P.O. BOX 133  
NEW PORT RICHEY FL 34652-2023



2. Principal Place of Business

4747 Azalea Drive

3. Mailing Address

4747 Azalea Drive

Suite, Apt. #, etc.  
Apt. 133

Suite, Apt. #, etc.

Apt. 133

1st MOORE

CR2E037 (10/05)

City & State

New Port Richey, FL

City & State

New Port Richey, FL

4. FEI Number

59-1724611

Applied For

Not Applicable

Zip

34652

Country

Pasco

Zip

34652

Country

Pasco

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PTFFERREA, FANSTINO  
4747 AZALEA DRIVE  
225  
NEW PORT RICHEY FL 34652

7. Name and Address of New Registered Agent

Name

Harold Glerum

Street Address (P.O. Box Number is Not Acceptable)

4747 Azalea Drive

Apt. 132

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME GLERUM, HAROLD ☐ Delete  
STREET ADDRESS 4747 AZALEA DR 132  
CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE SD  
NAME SULSKIS, GERTRUDE ☐ Delete  
STREET ADDRESS 4747 AZALEA DR 131  
CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE D  
NAME SULSKINS, RICHARD ☐ Delete  
STREET ADDRESS 4747 AZALEA DR. # 131  
CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE ASD  
NAME NEGGIE, HELEN ☒ Delete  
STREET ADDRESS 4747 AZALIA DR. #229  
CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE VPD  
NAME WHITE, JOHN ☒ Delete  
STREET ADDRESS 4747 AZALEA DR. #222  
CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE VD  
NAME PIFFERRER, FAUSTINO ☒ Delete  
STREET ADDRESS 4747 AZALEA DR. # 225  
CITY-ST-ZIP NEW PORT RICHEY FL 34652

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD ☒ Change ☐ Addition  
NAME Neggie, Helen  
STREET ADDRESS 4747 Azalea Dr. #229  
CITY-ST-ZIP New Port Richey, FL 34652

TITLE TD ☐ Change ☒ Addition  
NAME Rowe, Kathleen  
STREET ADDRESS 4747 Azalea Dr. #126  
CITY-ST-ZIP New Port Richey, FL 34652

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Harold Glerum* **HAROLD GLERUM** *President* **MARCH 21, 2006**