

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90018 006 ****61.25

DOCUMENT # 731532

1. Entity Name

IMPERIAL EMBASSY CONDOMINIUM ONE, INC.



Principal Place of Business

4747 AZALEA DRIVE
APT 133
NEW PORT RICHEY FL 34652

Mailing Address

4747 AZALEA DRIVE
APT 133
NEW PORT RICHEY FL 34652



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1724611

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GLERUM, HAROLD
4747 AZALEA DRIVE
APT 132
NEW PORT RICHEY FL 34652

Name

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

City

FL

Zip Code

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

Harold Glerum

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, 2007**

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	<input type="checkbox"/> Delete
NAME	GLERUM, HAROLD	
STREET ADDRESS	4747 AZALEA DR 132	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	SR	<input type="checkbox"/> Delete
NAME	SULSKIS, GERTRUDE	
STREET ADDRESS	4747 AZALEA DR 131	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	D	<input type="checkbox"/> Delete
NAME	SULSKINS, RICHARD	
STREET ADDRESS	4747 AZALEA DR. # 131	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	NEGGIE, HELEN	
STREET ADDRESS	4747 AZALEA DR #229	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ROWE, KATHLEEN	
STREET ADDRESS	4747 AZALEA DR #126	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOYCE HOLWERDA	
STREET ADDRESS	4747 AZALEA DR #225	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #