

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 731533 (6)

1. Corporation Name

IMPERIAL EMBASSY CONDOMINIUM THREE, INC.



Principal Place of Business

Mailing Address

4742 AZALEA DRIVE  
BOX 100A  
NEW PORT RICHEY FL 34652

4742 AZALEA DRIVE  
BOX 100A  
NEW PORT RICHEY FL 34652

3. Date Incorporated or Qualified  
12/31/1974

3a. Date of Last Report  
03/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1590694

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ADLER, SIGRID M  
4746 AZALEA DR 114C  
NEW PORT RICHEY FL 34652

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	T	<input type="checkbox"/> DELETE
NAME	ADLER, SIGRID	
STREET ADDRESS	4746 AZALEA DR 114C	
CITY-ST-ZIP	N PORT RICHEY, FL 00000	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DEASON, LAWRENCE	
STREET ADDRESS	4746 AZALEA DR 104 C	
CITY-ST-ZIP	N PORT RICHEY, FL 00000	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HILLSGROVE, CHESTER	
STREET ADDRESS	4744 AZALEA DR #202B	
CITY-ST-ZIP	N PORT RICHEY, FL 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	QUINTES, SUSAN	
STREET ADDRESS	4744 AZALEA DR 107 B	
CITY-ST-ZIP	N PORT RICHEY, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	D'AGOSTINO, CARMEN	
STREET ADDRESS	4744 AZALEA DR., SUITE 106B	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MARTH, PAUL	
STREET ADDRESS	4742 AZALEA DR., SUITE 211-A	
CITY-ST-ZIP	NEW PORT RICHEY FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VD Policcino, Rudy
2.3 STREET ADDRESS	4748 Azalea Dr 206 D
2.4 CITY-ST-ZIP	New Port Richey Fl 34652
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PD Marth, Paul
3.3 STREET ADDRESS	4742 Azalea Dr 211 A
3.4 CITY-ST-ZIP	New Port Richey FL 34652
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D Guyer, Tom
6.3 STREET ADDRESS	4744 Azalea Dr. 103 B
6.4 CITY-ST-ZIP	New Port Richey Fl 34652

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Susan Quintes Secretary*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/96  
Date

813-846-9776  
Daytime Phone #

CR2E037 (12/95)