FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name 731533

(6)

IMPERIAL EMBASSY CONDOMINIUM THREE, INC.

Principal Place of Business Mailing Address							, toli #1911 61810 E1E11			
4742 AZALEA I BOX 100A NEW PORT RIC		4742 AZALEA DRIVE BOX 100A NEW PORT RICHEY EL:								
NEW FORT NI	JULI 1E 34002	HELL CHILLIAN I I SHOW DOES			3. Date Incorporated or Qualified 12/31/1974	3a. Date of L 03/0	ast Repo)6/1996			
	ace of Business	2a. Mailing Address			- 17 188815	4. FEI Number 59-1590694			ed For	
Suite, Apt	#, etc	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
22			April Institute A			6. Election Campaign Financing				
23		28	28			Trust Fund Contribution Added to Fees				
Zφ	Country	Zip	Count	ry		This corporation has liability for intangible tax under s. 199.032,				
24	25	29	30			Florida Statutes Yes W No 10. Name and Address of New Registered Agent				
	9. Name and Address of Curre	ent Registered Agent	8	1 Na	ame	10. Name and Address of New He	gistered Agent			
40150	OLODIO M				1111G					
ADLER, SIGRID M 4748 AZALEA DR 114C			8	2 Str	reet Addre	Address (P.O. Box Number is Not Acceptable)				
NEW PORT RICHEY FL 34652			8	83						
I ILII I	JIII IIIOIILI IL OTOOL		8	4 6				7: O .		
			ľ	4 Cit	ty		FL 85	Zip Cod	1 0	
l office or n	io the provisions of Sections 617,05 egistered agent, or both, in the Stat m familiar with, and accept the obli	e of Florida. Such change was	authorized	hv the	med corpo corporatio	ration submits this statement for the parties board of directors. I hereby acceptions	surpose of chang of the appointment	ging its reg ant as reg	gistered jistered	
SIGNATURE										
	Signature typed or printed name of registance at	gent and title if applicable. (NC ND DIRECTORS		gent sig	nature required	when reinstaling) ADDITIONS/CHANGES TO OFFICE	DATE	CTORC I	11.10	
12.	T OFFICERS AF	DELETE	13.			ADDITIONS/CHANGES TO OFFIC	LENS AND DIRE		Addition	
NAME	ADLER, SIGRID		1.2 NAM		- }			~g~		
STREET ADDRESS	4746 AZALEA DR 114C			1.3 STREET ADDRESS						
CITY-\$1-ZIP	N PORT RICHEY, FL 00000		1.4 CiTY	- ST - ZIP						
DILE	VD	DELETE	21 TITL				☐ Ct	iange [Addition	
NAME	POLICCINO, RUDY		2.2 NAM	2.2 NAME						
STREET ADDRESS	4748 AZALEA DRIVE 206 D		2.3 STRE	2.3 STREET ADDRESS					ļ	
CITY-ST ZIF	NEW PORT RICHEY FL		2. 4 CIT		P				Tables:	
TITLE	PD	DELETE	3.1 TITU					iange L	Addition	
NAME.	Marth, Paul 4742 Azalea Drive 211A		3.2 NAM							
STREET ADDRESS CITY-ST-ZIP	NEW PORT RICHEY FL		3.3 STRI 3.4. CIT		· 1					
TITLE	S	✓ DELETE	4.1 TITL				▼ Ct	nange [Addition	
] NAME	QUINTES, SUSAN		4, 2 NAM	AE.		INING Dorothy 4746 AZALCA DRIVE New Port Richau Fl				
STREET ADDRESS	4744 AZALEA DR 107 B		4.3 STR	ET ADDR	RESS	4746 AZALEA DRIVE	L 101C			
C(TY - ST - ZIP	N PORT RICHEY, FL 00000		4.4 CITY	- ST- ZIP		New Port Richer FL	Y 1 W J Z			
7171.6	D	DELETE	5.1 TITL	Ē		ruent to Raiph	☐ Cr	. • -	Addition	
NAME	D'AGOSTINO, CARMEN	AAD	52 NAM		- 1	AC ASTACH CHLA	IVE 214/	4		
STREET ADDRESS	4744 AZALEA DR., SUITE 1	06B	1	ET ADDR	1	THE HAMPINET WITH	1 81/20	-	İ	
CiTY+S1+ZiP	NEW PORT RICHEY FL	Driere		-ST-ZIP		NEW PORT Richery F	.K 24683	hanga P	Addition	
TifLE	D CUVED TOM	DELETE	6.1 TITL		1	MAZZONI, Robert	_	•	M VOORIOU	
, NAME STREET ADDRESS ;	Guyer, tom A744 Azalea Drive 103 B		6.2 NAM	ET ADDR	occc	YTYY AZALEA DI	live Jo3!	В		
CITY - ST- ZIP	NEW PORT RICHEY FL			:E1 AUUF -ST-ZIP	- 1	New Port Richer	F 34L	52		
1 3111 31 611 1			= 0.4 OH I	- C17		,,,,, ,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,		_		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutés. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dale Daytime Phone * 0067932

FILED

Mar 24 1997 8:00am

Secretary of State

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