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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 731533

1. Corporation Name

IMPERIAL EMBASSY CONDOMINIUM THREE, INC.

Principal Place of Business

4742 AZALEA DRIVE
BOX 100A
NEW PORT RICHEY FL 34652

Mailing Address

4742 AZALEA DRIVE
BOX 100A
NEW PORT RICHEY FL 34652



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/31/1974

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-1590694

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip 25 Country

29 Zip 30 Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name VINING, DOROTHY
82 Street Address (P.O. Box Number is Not Acceptable) 4746 AZALEA DR. UNIT 101C
83
84 City NEW PORT RICHEY FL 85 Zip Code 34652

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 Dorothy Vining DOROTHY VINING -TREAS.TO BOARD 3/5/99

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	S	<input checked="" type="checkbox"/> DELETE
NAME	ADLER, SIGRID	
STREET ADDRESS	4746 AZALEA DR 114C	
CITY-ST-ZIP	N PORT RICHEY, FL 00000 34652	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	POLICINO, RUDY	
STREET ADDRESS	4748 AZALEA DRIVE 206 D	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MARTH, PAUL	
STREET ADDRESS	4742 AZALEA DRIVE 211A	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	VINING, DOROTHY	
STREET ADDRESS	4746 AZALEA DR, 101 C	
CITY-ST-ZIP	N PORT RICHEY, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MAZZONI, ROBERT	
STREET ADDRESS	4744 AZALEA DRIVE, 203B	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GUYER, TOM	
STREET ADDRESS	4744 AZALEA DRIVE 103 B	
CITY-ST-ZIP	NEW PORT RICHEY FL	

1.1 TITLE	SEC.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	METHORN, MARJORY	
1.3 STREET ADDRESS	4748 AZALEA DR. UNIT 204 D	
1.4 CITY-ST-ZIP	N. PORT RICHEY FL 34652	
2.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ST. GEORGE, JOSEPH	
3.3 STREET ADDRESS	4748 AZALEA DR. UNIT 205 D	
3.4 CITY-ST-ZIP	N. PORT RICHEY, FL 34652	
4.1 TITLE	TREASURER	<input checked="" 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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	HOSTIKA, ALAN	
6.3 STREET ADDRESS	4744 AZALEA DR. UNIT 202 B	
6.4 CITY-ST-ZIP	N. PORT RICHEY, FL 34652	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: RUDY POLICINO REQUIRED 3/9/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: [Handwritten Signature] DATE: [Handwritten Date] DAYTIME PHONE # [Handwritten Phone Number]

CR2E037 (1/198)

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731533

13. ADDITION
D
EVERDYKE, RALPH
4742 AZALEA DR. UNIT 214A
N. PORT RICHEY, FL. 34652
13. ADDITION
D
BRESCIA, LUCY
4746 AZALEA DR UNIT 112C
N. PORT RICHEY, FL. 34652