


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90672 025 ****61.25

DOCUMENT # 731533

1. Entity 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
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94050536



01082004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1590694	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VINING, DOROTHY
 4746 AZALEA DR
 UNIT 101 C
 NEW PORT RICHEY, FL 34652

DO NOT WRITE IN THIS SPACE

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: *Dorothy Vining* (NOTE: Registered Agent signature required when reinstating) DATE: 4/10/04

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BRESCIA, LUCY
STREET ADDRESS	4746 AZALEA DR. UNIT 112C
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	SECRETARY
NAME	FITZPATRICK, PAULINE REID, MARGARET
STREET ADDRESS	4742 AZALEA DR. #101A 4748 AZALEA #1080
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	D
NAME	ST GEORGE, JOSEPH KARL, MARI G
STREET ADDRESS	4748 AZALEA DR. UNIT 205-D 4746 AZALEA #1050
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	T
NAME	VINING, DORTHY
STREET ADDRESS	4746 AZALEA DR, 101 C
CITY-ST-ZIP	NEW PORT RICHWY, FL 34652
TITLE	P
NAME	WINTER, DONALD
STREET ADDRESS	4748 AZALEA DR. , 103D
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	VP
NAME	HOSTIKA, ALAN
STREET ADDRESS	4744 AZALEA DR. 202B
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652

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12. 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 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: *Alan Hostika* DATE: 4/10/04 845-5288
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 842-6523

DH 731533

D

JONES, RONALD

4746 AZALEA DR # 102C -

NEW PORT RICHEY, FL 34652