
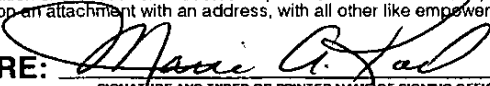


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90235 040 ****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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1590694	
Zip		Country		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			7. Name and Address of New Registered Agent		
			Name MARIE KARL		
			Street Address (P.O. Box Number is Not Acceptable) 4746 AZALEA DR.		
			UNIT 105C		
			City N.P.R.		FL
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE VP	NAME BRESCIA, LUCY		<input type="checkbox"/> Delete		TITLE ADAMER, JOHN PRES.
STREET ADDRESS 4746 AZALEA DR. UNIT 112C	CITY-ST-ZIP NEW PORT RICHEY FL 34652				NAME 4742 AZALEA DR. UNIT 108A
STREET ADDRESS 4748 AZALEA #1080	CITY-ST-ZIP NEW PORT RICHEY FL 34652		<input checked="" type="checkbox"/> Add		STREET ADDRESS N.P.R. FL 34652
TITLE S	NAME REID, MARGARET		<input checked="" type="checkbox"/> Delete		TITLE KENNEDY, DOROTHY SEC.
STREET ADDRESS 4748 AZALEA #1080	CITY-ST-ZIP NEW PORT RICHEY FL 34652				NAME 4746 AZALEA DR UNIT 214C
STREET ADDRESS 4746 AZALEA #105C	CITY-ST-ZIP NEW PORT RICHEY FL 34652		<input type="checkbox"/> Change		STREET ADDRESS N.P.R. FL. 34652
TITLE T	NAME VINING, DORTHY		<input checked="" type="checkbox"/> Delete		TITLE BODENHAM, DONALD DIR.
STREET ADDRESS 4746 AZALEA DR, 101 C	CITY-ST-ZIP NEW PORT RICHEY FL 34652				NAME 4744 AZALEA DR. UNIT 103B
STREET ADDRESS 4748 AZALEA DR. , 103D	CITY-ST-ZIP NEW PORT RICHEY FL 34652		<input type="checkbox"/> Change		STREET ADDRESS N.P.R. FL. 34652
TITLE P	NAME WINTER, DONALD		<input checked="" type="checkbox"/> Delete		TITLE JONES, RONALD DIR
STREET ADDRESS 4744 AZALEA DR. 202B	CITY-ST-ZIP NEW PORT RICHEY FL 34652				NAME 4746 AZALEA DR UNIT 102C
STREET ADDRESS NEW PORT RICHEY FL 34652	CITY-ST-ZIP NEW PORT RICHEY FL 34652		<input type="checkbox"/> Change		STREET ADDRESS N.P.R. FL. 34652
TITLE VP	NAME HOSTIKA, ALAN		<input checked="" type="checkbox"/> Delete		TITLE DUTKOWSKI, FRED DIR
STREET ADDRESS 4744 AZALEA DR. 202B	CITY-ST-ZIP NEW PORT RICHEY FL 34652				NAME 4742 AZALEA DR UNIT 206A
STREET ADDRESS NEW PORT RICHEY FL 34652	CITY-ST-ZIP NEW PORT RICHEY FL 34652		<input type="checkbox"/> Change		STREET ADDRESS N.P.R. FL. 34652
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date _____ Daytime Phone # _____	