

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90393 002 \*\*\*\*61.25

<b>DOCUMENT # 731533</b>					
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			
Zip	Country	Zip	Country	4. FEI Number 59-1590694	Applied For Not Applicable
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KARL, MARIE 4746 AZALEA DR UNIT 105 C NEW PORT RICHEY, FL 34652				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				State <b>FL</b> Zip Code	
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 _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> 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	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRESCIA, LUCY		NAME	PAUL MANTZKE	
STREET ADDRESS	4746 AZALEA DR. UNIT 112C		STREET ADDRESS	4744 AZALEA DR - 204	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652		CITY-ST-ZIP	NEW PORT RICHEY, FL 34652	
TITLE	P	<input type="checkbox"/> Delete	TITLE	VICE PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMER, JOHN		NAME	JOHN ADAMAC	
STREET ADDRESS	4742 AZALEA DR, UNIT 108 A		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARL, MARIE		NAME		
STREET ADDRESS	4746 AZALEA #105C		STREET ADDRESS	4744 AZALEA, 103	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	SEC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEDY, DOROTHY		NAME		
STREET ADDRESS	4746 AZALEA DR UNIT, 214 C		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BODENITAM, DONALD		NAME	BODENHAM, DONALD	
STREET ADDRESS	4744 AZALEA DR, UNIT 103 B		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, RONALD		NAME	MARY M. WALKER	
STREET ADDRESS	4746 AZALEA DR, UNIT 102 C		STREET ADDRESS	4742 AZALEA #102	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652		CITY-ST-ZIP	NEW PORT RICHEY, FL 34652	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Mari A. Karl, Treasurer</i>			Date: <i>4/20/06</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

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\$8.75 Additional Fee Required