


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90447 037 ****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 - No P.O. Box # | | 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 | | | 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 | | 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 _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 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 | D | <input type="checkbox"/> Delete | TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MANTZKE, PAUL | | NAME | Mantzke, Paul | |
| STREET ADDRESS | 4744 AZALEA DR 204 | | STREET ADDRESS | 4744 Azalea # 204 B | |
| CITY-ST-ZIP | NEW PORT RICHEY, FL 34652 | | CITY-ST-ZIP | | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ADAMER, JOHN | | NAME | | |
| 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 | 4748 AZALEA #103 | | STREET ADDRESS | 4748 Azalea # 101 B | |
| CITY-ST-ZIP | NEW PORT RICHEY, FL 34652 | | CITY-ST-ZIP | | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | | <input 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 | P | <input type="checkbox"/> Delete | TITLE | | <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 type="checkbox"/> Delete | TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WALKER, MARY M | | NAME | Asst T, D | |
| STREET ADDRESS | 4742 AZALEA #102 | | STREET ADDRESS | 4742 Azalea # 107 A | |
| CITY-ST-ZIP | NEW PORT RICHEY, FL 34652 | | CITY-ST-ZIP | | |
| 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: <u>Mary M Walker</u> | | Date: <u>4/23/07</u> | | Daytime Phone #: <u>727-845-2522</u> | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |