


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90623 008 ****61.25

DOCUMENT # 731533

1. Entity Name
IMPERIAL EMBASSY CONDOMINIUM THREE, INC.



Principal Place of Business Mailing Address

4742 AZALEA DRIVE **4742 AZALEA DRIVE**
BOX 100A **BOX 100A**
NEW PORT RICHEY FL 34652 **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



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1590694** Applied For
Not Applicable

5. Certificate of Status Desired **\$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

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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: *Dorothy Vining* DATE: 4/14/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BRESCIA, LUCY	
STREET ADDRESS	4746 AZALEA DR. UNIT 112C	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	D	<input type="checkbox"/> Delete
NAME	FITZPATRICK, PAULINE	
STREET ADDRESS	4742 AZALEA DR. #101A	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	D	<input type="checkbox"/> Delete
NAME	ST GEORGE, JOSEPH	
STREET ADDRESS	4748 AZALEA DR. UNIT 205 D	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	VINING, DORTHY	
STREET ADDRESS	4746 AZALEA DR, 101 C	
CITY-ST-ZIP	NEW PORT RICHY FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	WINTER, DONALD	
STREET ADDRESS	4748 AZALEA DR. , 103D	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HOSTIKA, ALAN	
STREET ADDRESS	4744 AZALEA DR. 202B	
CITY-ST-ZIP	NEW PORT RICHEY FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, RONALD	
STREET ADDRESS	4746 AZALEA DR UNIT 102C	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PUTKOWSKI, FRED	
STREET ADDRESS	4742 AZALEA DR UNIT 206A	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Donald E. Winter* DATE: 4/14/03 (727) 845-5288

CR2E037 (10/02)