

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham - Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 734990 (5)**  
 1. Corporation Name  
**IMPERIAL EMBASSY CONDOMINIUM FOUR, INC.**



Principal Place of Business <b>4627 BRITT DRIVE NEW PORT RICHEY FL 34652</b>	Mailing Address <b>4627 BRITT DRIVE NEW PORT RICHEY FL 34652</b>
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3. Date Incorporated or Qualified <b>02/19/1976</b>	3a. Date of Last Report <b>03/22/1995</b>
4. FEI Number <b>59-1664738</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>4627 Britt Dr.</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>4627 Britt Dr.</b> Suite, Apt. #, etc.
22 City & State 23 <b>New Port Richey, Fl.</b>	27 City & State 28 <b>New Port Richey, Fl.</b>
24 <b>34652</b>	25 <b>Pasco</b>
29 <b>34652</b>	30 <b>Pasco</b>

9. Name and Address of Current Registered Agent  
**BORJESON, HILDA R  
 5351 BUTTONWODO  
 NEW PORT RICHEY FL 34652**

10. Name and Address of New Registered Agent  
 81 Name **Patrick I. Murray**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**4644 Cambridge St.**  
 83 **New Port Richey**  
 84 City **FL** 85 Zip Code **34652**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Patrick I. Murray* 3/21/96  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BORJESON, HILDA R</b>	1.2 NAME	<b>Patrick I. Murray</b>
STREET ADDRESS	<b>5351 BUTTONWOOD</b>	1.3 STREET ADDRESS	<b>4644 Cambridge St.</b>
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	1.4 CITY-ST-ZIP	<b>New Port Richey, Fl. president</b>
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LONG, GENEVA</b>	2.2 NAME	
STREET ADDRESS	<b>4649 BRITT DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	2.4 CITY-ST-ZIP	
TITLE	VPO <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TUCKER, PATRICIA</b>	3.2 NAME	
STREET ADDRESS	<b>5353 BUTTONWOOD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RYAN, CATHERINE</b>	4.2 NAME	
STREET ADDRESS	<b>4704 CAMBRIDGE</b>	4.3 STREET ADDRESS	<b>200001757002</b>
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	4.4 CITY-ST-ZIP	<b>-03/20/95--0104--007</b>
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARBARINO, BUDDY</b>	5.2 NAME	
STREET ADDRESS	<b>5406 BUTTONWOOD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	5.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BILLARDELLO, ANGELO</b>	6.2 NAME	
STREET ADDRESS	<b>5350 BUTTONWOOD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	6.4 CITY-ST-ZIP	

sec'y treas.  
vice pres.

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Geneva Long, Sec'y. Treas.* 3-9-96. 813-842-5413  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

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