

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90044 020 ****61.25



DOCUMENT # 734990
1. Entity Name
IMPERIAL EMBASSY CONDOMINIUM FOUR, INC.

Principal Place of Business Mailing Address
4627 BRITT DR. 4627 BRITT DR.
NEW PORT RICHEY FL 34652 NEW PORT RICHEY FL 34652



2. Principal Place of Business - No P.O. Box # **SAME**
3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State City & State
4. FEI Number **59-1664738** Applied For
Not Applicable

Zip Country Zip Country
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
JAMES, JANET
4649 BRITT DR
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 *Janet L. James* DATE **3/27/08**
(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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	P	<input type="checkbox"/> Delete
NAME	RUSSICK, THOMAS	
STREET ADDRESS	5338 BUTTONWOOD DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	T	<input type="checkbox"/> Delete
NAME	JAMES, JANET	
STREET ADDRESS	4649 BRITT DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	EVANS, JEAN	
STREET ADDRESS	5351 BUTTONWOOD DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SPPANGLER, ROSEMARY	
STREET ADDRESS	5402 BUTTONWOOD DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	KING, DONALD	
STREET ADDRESS	5344 FOSTER BLVD	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	TUCKER, PAT	
STREET ADDRESS	5353 BUTTON WOOD DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID ANDREWS	
STREET ADDRESS	4644 CAMBRIDGE	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANET JAMES	
STREET ADDRESS	4649 BRITT DR.	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652	
TITLE	LEE KOLANDER - VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEE KOLANDER - VD	
STREET ADDRESS	5349 BUTTON WOOD	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BETH PARIS	
STREET ADDRESS	5342 FOSTER BLVD	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY ELLEN UZZO	
STREET ADDRESS	5406 BUTTON WOOD	
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 Section 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: *Janet L. James* DATE: **3/27/08** **727-847-2671**