

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734990

FILED
Mar 14, 2009
Secretary of State

Entity Name: IMPERIAL EMBASSY CONDOMINIUM FOUR, INC.

Current Principal Place of Business:

4627 BRITT DR.
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

4627 BRITT DR.
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 59-1664738 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAMES, JANET
4649 BRITT DR
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RUSSICK, THOMAS
Address: 5338 BUTTONWOOD DR
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: T () Delete
Name: JAMES, JANET
Address: 4649 BRITT DR
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: S () Delete
Name: JAMES, JANET
Address: 4649 BRITT DR
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VD () Delete
Name: SPPANGLER, ROSEMARY
Address: 5402 BUTTONWOOD DR.
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VD () Delete
Name: PARIS, BETH
Address: 5342 FOSTER BLVD
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VD () Delete
Name: UZZO, MARY ELLEN
Address: 5406 BUTTON WOOD
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANET JAMES

S/T

03/14/2009

Electronic Signature of Signing Officer or Director

_____ Date