

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734990

FILED  
Mar 07, 2012  
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 S/T  
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  
Name: SALANIRTI, THOMAS  
Address: 5346 BUTTONWOOD DR.  
City-St-Zip: NEW PORT RICHEY, FL 34652

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

Title: VP  
Name: DOOLAN, JOSEPH  
Address: 4655 CAMBRIDGE AVE.  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VD  
Name: KOLANDER, LEE  
Address: 5349 BUTTONWOOD DR.  
City-St-Zip: NEW PORT RICHEY, FL 34652

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

Title: VD  
Name: MIANO, SILVIA  
Address: 4651 CAMBRIDGE AVE.  
City-St-Zip: NEW PORT RICHEY, FL 34652

I hereby 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 all other like empowered.

SIGNATURE: JANET JAMES

S/T

03/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date