

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 13 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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***130.00 ***130.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # **N47191** (4)
1. Corporation Name
ULTIMAR TWO CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
1540 GULF BLVD. CLEARWATER FL 33630 **1540 GULF BLVD. CLEARWATER FL 33630**

3. Date Incorporated or Qualified **02/06/1992** 3a. Date of Last Report **04/05/1994**
4. FEI Number **59-3112883** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
~~FULLER, LINDA
1540 GULF BLVD.
CLEARWATER FL 34630~~
10. Name and Address of New Registered Agent
81 Name **FLORIDA CENTRAL MANAGEMENT**
82 Street Address (P.O. Box Number is Not Acceptable) **2430 ESTANCIA BLVD SUITE 114**
83
84 City **CLEARWATER** FL 85 Zip Code **34621**

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office 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, Sections 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE **3/24/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, THOMAS G.	1.2 NAME	WEAVER, MARILYN "D"
STREET ADDRESS	1540 GULF BLVD.	1.3 STREET ADDRESS	1540 GULF BLVD., UNIT #1407
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	CLEARWATER, FL 34630
TITLE	D	2.1 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEAVER, MARILYN	2.2 NAME	DeWITT, PAUL L., UNIT #1001 "D"
STREET ADDRESS	1540 GULF BOULEVARD, #1407	2.3 STREET ADDRESS	1540 GULF BLVD.
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	CLEARWATER, FL 34630
TITLE	VSTO	3.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULLER, LINDA E.	3.2 NAME	BROSIOUS, JAMES, UNIT #1504 "D"
STREET ADDRESS	1540 GULF BLVD.	3.3 STREET ADDRESS	1540 GULF BLVD.
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	CLEARWATER, FL 34630
TITLE		4.1 TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	VAN WINGERDEN, JOHN. UNIT #1801 "D"
STREET ADDRESS		4.3 STREET ADDRESS	1540 GULF BLVD.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	CLEARWATER, FL 34630
TITLE		5.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	ZOUHEIR, FARAH, UNIT #1804 "D"
STREET ADDRESS		5.3 STREET ADDRESS	1540 GULF BLVD.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	CLEARWATER, FL 34630
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 110.07(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: *[Signature]* DATE **1/20/95** 596-0222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Secretary/Agent