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Apr 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N47191 (4)
1. Corporation Name
ULTIMAR TWO CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 1540 GULF BLVD. CLEARWATER FL 33630	Mailing Address 1540 GULF BLVD. CLEARWATER FL 33630
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3. Date Incorporated or Qualified 02/06/1992		
4. FEI Number 59-3112883	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**BECKER & POLIAKOFF P.A.
5999 CENTRAL AVENUE
SUITE 104
ST PETERSBURG FL 33710**

10. Name and Address of New Registered Agent

B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	B5 Zip Code

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 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, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DOOLEY, MICHAEL T	
STREET ADDRESS	1540 GULF BLVD., UNIT #308	
CITY-ST-ZIP	CLEARWATER FL 34088 33767	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DEWITT, PAUL L	
STREET ADDRESS	1540 GULF BOULEVARD, UNIT #1001	
CITY-ST-ZIP	CLEARWATER FL 34088 33767	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	THACKER, ROBERT	
STREET ADDRESS	1540 GULF BLVD., UNIT 504	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WARREN, JOSEPH F	
STREET ADDRESS	1540 GULF BLVD., UNIT #408	
CITY-ST-ZIP	CLEARWATER FL 34088 33767	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MIEDLER, BERT	
STREET ADDRESS	1540 GULF BLVD., UNIT #1907	
CITY-ST-ZIP	CLEARWATER FL 34088 33767	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Frances B. Everett	
3.3 STREET ADDRESS	1540 Gulf Blvd. Unit 1602	
3.4 CITY-ST-ZIP	Clearwater, FL 33767	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]* X-4-3-98 X-813 593-3955

CR2E087 (10/97)