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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N47191

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

02/06/1992

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

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  DELETE

TITLE VPD  
 NAME DOOLEY, MICHAEL T  
 STREET ADDRESS 1540 GULF BLVD., UNIT #306  
 CITY-ST-ZIP CLEARWATER FL 33767

TITLE PD  
 NAME DEWITT, PAUL L  
 STREET ADDRESS 1540 GULF BOULEVARD, UNIT #1001  
 CITY-ST-ZIP CLEARWATER FL 33767

TITLE SD  
 NAME EVERETT, FRANCES B.  
 STREET ADDRESS 1540 GULF BLVD. UNIT 1602  
 CITY-ST-ZIP CLEARWATER FL 33767

TITLE TD  
 NAME WARREN, JOSEPH F  
 STREET ADDRESS 1540 GULF BLVD., UNIT #406  
 CITY-ST-ZIP CLEARWATER FL 33767

TITLE D  
 NAME MIEDLER, BERT  
 STREET ADDRESS 1540 GULF BLVD., UNIT #1907  
 CITY-ST-ZIP CLEARWATER FL 33767

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TD  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE SD  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE PD  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE VPD  Change  Addition  
 4.2 NAME ROCHELEAU, JAMES R.  
 4.3 STREET ADDRESS 1540 GULF BLVD., UNIT #1906  
 4.4 CITY-ST-ZIP CLEARWATER, FL 33767

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  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, with all other like empowered.

SIGNATURE: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/1/99  
 Daytime Phone #

CR2E07 (1/98)