


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90031 011 ****61.25

DOCUMENT # N47191
 1. Entity Name
ULTIMAR TWO CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
1540 GULF BLVD. **1540 GULF BLVD.**
CLEARWATER FL 33767 **CLEARWATER FL 33767**

94041540



MOORE CR2E037 (11/03)

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
59-3112883 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BECKER & POLIAKOFF P.A.
2401 W BAY DRIVE
SUITE 414
LARGO FL 33770

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOOLEY, MICHAEL T <input type="checkbox"/> Delete 1540 GULF BLVD UNIT 1401 CLEARWATER FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WALKEY, SHERRY K <input checked="" type="checkbox"/> Delete 1540 GULF BLVD UNIT 1704 CLEARWATER FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BEVER, PATRICIA D <input type="checkbox"/> Delete 1540 GULF BLVD UNIT 306 CLEARWATER FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ZENS, SHARON A <input type="checkbox"/> Delete 8625 LONGWOOD DRIVE SEMINOLE FL 33777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, DIANE C <input checked="" type="checkbox"/> Delete 1540 GULF BLVD UNIT 804 CLEARWATER BEACH FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER ANDREW HERMAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1540 GULF BLVD UNIT 1803 CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DAVID COIA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1540 GULF BLVD UNIT 201 CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *M Dooley* *M Dooley Pres* *3/28/04*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #