

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90043 024 ****61.25



| | | | |
|---|---------|---|---------|
| DOCUMENT # N47191 | | | |
| 1. Entity Name ULTIMAR TWO CONDOMINIUM ASSOCIATION, INC. | | | |
| Principal Place of Business 1540 GULF BLVD. CLEARWATER FL 33767 | | Mailing Address 1540 GULF BLVD. CLEARWATER FL 33767 | |
| 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 59-3112883 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |



1st MOORE CR2E037 (10/04)

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| 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 Elizabeth R. Mannion Street Address (P.O. Box Number is Not Acceptable) Raxter, Strohauer, Mannion & Silbermann, P.A. 1150 Cleveland Street, Suite 300 City Clearwater FL Zip Code 33755 | | | |
|---|--|--|--|--|--|--|--|

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 *Elizabeth R. Mannion* (NOTE: Registered Agent signature required when reinstating) DATE 3/9/05

| | | |
|--|---|--|
| FILE NOW: FEE IS \$61.25 Due By May 1, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
|--|---|--|

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|--|--|--|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD DOOLEY, MICHAEL T 1540 GULF BLVD UNIT 1401 CLEARWATER FL 33767 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T HERMAN, ANDREW 1540 GULF BLVD UNIT 1803 CLEARWATER BEACH FL 33767 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD BEVER, PATRICIA D 1540 GULF BLVD UNIT 306 CLEARWATER FL 33767 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | S TREACY JOAN T 1540 GULF BLVD UNIT 1203 CLEARWATER, FL 33767 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP ZENS, SHARON A 8625 LONGWOOD DRIVE SEMINOLE FL 33777 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | D |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D COIA, DAVID 1540 GULF BLVD UNIT 201 CLEARWATER BEACH FL 33767 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | P 1540 GULF BLVD UNIT 201 Clearwater, FL 33767 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | 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: *Frank M. Addabbo* President DATE 3/19/05
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #