

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90200 006 ****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.

City & State

Zip Country

4000000000



04132006 Chg-NP CR2E037 (11/05)

4. FEI Number
 59-3112883

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MANNION, ELIZABETH R
 BAXTER, STROHAUER, MANNION&SILBERMANN, PA
 1150 CLEVELAND STREET, SUITE 300
 CLEARWATER, FL 33755

7. Name and Address of New Registered Agent

Name MICHAEL DOOLEY
 Street Address (P.O. Box Number is Not Acceptable)
1540 GULF BLVD
 City CLEARWATER FL Zip Code 33767

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 [Signature] MICHAEL DOOLEY 4-17-06
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2006

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	V	<input type="checkbox"/> Delete
NAME	DOOLEY, MICHAEL T	
STREET ADDRESS	1540 GULF BLVD UNIT 1401	
CITY-ST-ZIP	CLEARWATER, FL 33767	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HERMAN, ANDREW	
STREET ADDRESS	1540 GULF BLVD UNIT 1803	
CITY-ST-ZIP	CLEARWATER BEACH, FL 33767	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	TREACY, JOHN T	
STREET ADDRESS	1540 GULF BLVD, UNIT 1203	
CITY-ST-ZIP	CLEARWATER, FL 33767	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZENS, SHARON A	
STREET ADDRESS	8625 LONGWOOD DRIVE	
CITY-ST-ZIP	SEMINOLE, FL 33777	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	COIA, DAVID	
STREET ADDRESS	1540 GULF BLVD UNIT 201	
CITY-ST-ZIP	CLEARWATER BEACH, FL 33767	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD ARMSTRONG	
STREET ADDRESS	1540 GULF BLVD #2101	
CITY-ST-ZIP	CLEARWATER FL 33767	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: [Signature] MICHAEL DOOLEY 4/17/06 727 593-3955
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #