


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

02-20-2007 90037 031 ****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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3112883		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DOOLEY, MICHAEL 1540 GULF BLVD CLEARWATER BEACH, FL 33767		Name Sharon Zens Street Address (P.O. Box Number is Not Acceptable) 1540 GULF BLVD City Clearwater FL 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 <i>J.B. Addabbo</i>		VP Sharon Zens, Pres. 3-19-07 DATE 2-16-07	
Filing Fee is \$61.25 Due by May 1, 2007		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	P DOOLEY, MICHAEL T <input type="checkbox"/> Delete	TITLE NAME	President Sharon Zens <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1540 GULF BLVD UNIT 1401	STREET ADDRESS	8625 Longwood Drive
CITY-ST-ZIP	CLEARWATER, FL 33767	CITY-ST-ZIP	Seminole, FL 33777
TITLE NAME	D ZENS, SHARON A <input type="checkbox"/> Delete	TITLE NAME	VICE President Judy Addabbo <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	8625 LONGWOOD DRIVE	STREET ADDRESS	6102 Ches Ct.
CITY-ST-ZIP	SEMINOLE, FL 33777	CITY-ST-ZIP	Orlando, FL 32819
TITLE NAME	D ARMSTRONG, RICHARD <input checked="" type="checkbox"/> Delete	TITLE NAME	Secretary Dr. Fred Magaine <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1540 GULF BLVD #2101	STREET ADDRESS	234 Lake Point Drive
CITY-ST-ZIP	CLEARWATER BEACH, FL 33767	CITY-ST-ZIP	Akron, OH 44333
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	Treasurer Mr. John Wharton <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	7024 Mountain Gate Drive
CITY-ST-ZIP		CITY-ST-ZIP	Bethesda, MD 20817
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	Director Michael Dooley <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	1540 Gulf Blvd. Unit 1401
CITY-ST-ZIP		CITY-ST-ZIP	Clearwater, FL 33767
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>J.B. Addabbo</i>		J.B. Addabbo 2/16/07 727-593-3855	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Duplicate Form # 1-A 100	