


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2008 8:00 am
Secretary of State

02-07-2008 90021 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 # OFFICE		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country PINELLAS	Zip	Country PINELLAS
8. Name and Address of Current Registered Agent ZENS, SHARON 1540 GULF BLVD CLEARWATER BEACH FL 33767		7. Name and Address of New Registered Agent	
Name:		Street Address (P.O. Box Number is Not Acceptable)	
City		Zip Code	
FL			
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>Sharon Zens</i> SHARON ZENS		DATE 3/7/08	
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		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 13	
TITLE VP	NAME DOOLEY, MICHAEL T	TITLE	NAME
STREET ADDRESS 1540 GULF BLVD UNIT 1401	CITY-ST-ZIP CLEARWATER FL 33767	STREET ADDRESS	CITY-ST-ZIP
TITLE P	NAME ZENS, SHARON A	TITLE	NAME
STREET ADDRESS 8625 LONGWOOD DRIVE	CITY-ST-ZIP SEMINOLE FL 33777	STREET ADDRESS	CITY-ST-ZIP
TITLE VP	NAME ADDABBO, JUDY	TITLE	NAME
STREET ADDRESS 6102 CHES CT	CITY-ST-ZIP ORLANDO FL 32819	STREET ADDRESS	CITY-ST-ZIP
TITLE S	NAME MAGOLINE, FRED DR	TITLE	NAME
STREET ADDRESS 234 LAKE POINT DR	CITY-ST-ZIP AKRON OH 44333	STREET ADDRESS	CITY-ST-ZIP
TITLE T	NAME WHARTON, JOHN MR	TITLE	NAME
STREET ADDRESS 1540 GULF BLVD UNIT 1706	CITY-ST-ZIP CLEARWATER BEACH FL 33767	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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>Sharon Zens</i> SHARON ZENS		DATE: 3/7/08 TELEPHONE: 727-593-3955	