

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 10, 2009
Secretary of State**

DOCUMENT# N47191

Entity Name: ULTIMAR TWO CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1540 GULF BLVD.
CLEARWATER, FL 33767

New Principal Place of Business:

Current Mailing Address:

1540 GULF BLVD.
CLEARWATER, FL 33767

New Mailing Address:

FEI Number: 59-3112883 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZENS, SHARON
1540 GULF BLVD
CLEARWATER BEACH, FL 33767 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ZENS, SHARON A
Address: 8625 LONGWOOD DRIVE
City-St-Zip: SEMINOLE, FL 33777

Title: S () Delete
Name: MAGOLINE, FRED DR
Address: 234 LAKE POINT DR
City-St-Zip: AKRON, OH 44333

Title: T () Delete
Name: WHARTON, JOHN MR
Address: 1540 GULF BLVD UNIT 1401
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: WEIMER, LINDA
Address: 6314 CLOVERNECK RD
City-St-Zip: MIDDLETON, WI 53562

Title: T (X) Change () Addition
Name: WHARTON, JOHN
Address: 1540 GULF BLVD UNIT 1706
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: SEC () Change (X) Addition
Name: MAGOLINE, FRED
Address: 234 LAKE POINT DR
City-St-Zip: AKRON, OH 44333

Title: DIR () Change (X) Addition
Name: FARAH, MARIA C
Address: 6213 BAYSHORE
City-St-Zip: TAMPA, FL 33611

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON ZENS

P

04/10/2009

Electronic Signature of Signing Officer or Director

Date