

FILE NOW: FILING FEE IS \$61.25

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May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N31576** (4)

1. Corporation Name

ULTIMAR HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 1500 GULF BLVD C/O ASSOCIATION MANAGER CLEARWATER FL 34630 US	Mailing Address 1500 GULF BLVD C/O ASSOCIATION MANAGER CLEARWATER FL 34630 US
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3. Date Incorporated or Qualified
04/07/1989

4. FEI Number
59-3043684

Applied For
Not Applicable

2. Principal Place of Business 21 1520 Gulf Blvd. Suite, Apt. #, etc. 22 City & State 23 Clearwater, FL Zip 24 33767 Country 25 USA	2a. Mailing Address 26 1520 Gulf Blvd. Suite, Apt. #, etc. 27 City & State 28 Clearwater, FL Zip 29 33767 Country 30 USA
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
**Fuller, Linda E.
ULTIMAR HOMEOWNERS ASSOC.
1500 GULF BLVD.
CLEARWATER FL 34630**

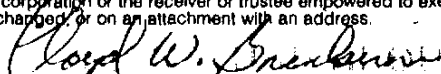
10. Name and Address of New Registered Agent
81 Name Glenn Garte, President
82 Street Address (P.O. Box Number is Not Acceptable)
83 1520 Gulf Blvd.
84 City Clearwater FL 85 Zip Code 33767

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE  DATE **4/23/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARTE, GLEN 1520 GULF BLVD., #708 CLEARWATER FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DP GARTE, GLEN 1520 GULF BLVD., #708 CLEARWATER, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS THACKER, ROBERT 1540 GULF BLVD., #504 CLEARWATER FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	DVP BREAKIRON, LLOYD 1520 GULF BLVD., #1502 CLEARWATER, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OATES, JOHN 1500 GULF BLVD., #1502 CLEARWATER FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	DS EVERETT, HENRY 1540 GULF BLVD., #701 CLEARWATER, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BAKER, ALLEN Y. 1520 GULF BLVD #604 CLEARWATER FL <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D ELLIS, JOHN 1560 GULF BLVD., #701 CLEARWATER, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DOOLEY, MICHAEL T 1540 GULF BLVD, # 308 CLEARWATER FL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP KUNTEN, JOHN 1500 GULF BLVD., #1407 CLEARWATER FL <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D PRUSAN, MARTIN 1560 GULF BLVD., #1002 CLEARWATER, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **LLOYD W. BREAKIRON** 4-9-98 (813) 593-5752

CP2E037 (10/97)