


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90363 009 \*\*\*\*61.25

<b>DOCUMENT # N31576</b> 1. Entity Name <b>ULTIMAR HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>1560 GULF BLVD</b> <b>CLEARWATER, FL 33767</b> <b>US</b>		Mailing Address <b>1560 GULF BLVD</b> <b>CLEARWATER, FL 33767</b> <b>US</b>	
2. Principal Place of Business <b>1520, 1540, 1560 GULF BLVD.</b>		3. Mailing Address <b>1520 GULF BLVD.</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. <b>OFFICE</b>	
City & State <b>CLEARWATER, FL</b>		City & State <b>CLEARWATER, FL</b>	
Zip <b>33767</b>	Country <b>U.S.</b>	Zip <b>33767</b>	Country <b>US</b>
6. Name and Address of Current Registered Agent  <b>KENT, HENRI</b> <b>ULTIMAR HOMEOWNERS ASSOC.</b> <b>1560 GULF BLVD.</b> <b>CLEARWATER, FL 33767</b>		7. Name and Address of New Registered Agent Name <b>CATHERINE CONNELLY</b> Street Address (P.O. Box Number is Not Acceptable) <b>1520 GULF BLVD, #1707</b> City <b>CLEARWATER</b> <b>FL</b> Zip Code <b>33767</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>		<b>10. OFFICERS AND DIRECTORS</b>	
TITLE <b>D</b>	NAME <b>GARTE, GLENN</b>	<input checked="" type="checkbox"/> Delete	<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>
STREET ADDRESS <b>1520 GULF BLVD., #706</b>	CITY-ST-ZIP <b>CLEARWATER, FL 33767</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE <b>DVP</b>
NAME <b>LOUIS SCAVUZZO</b>	STREET ADDRESS <b>1520 GULF BLVD., #307</b>	CITY-ST-ZIP <b>CLEARWATER, FL 33767</b>	NAME <b>LOUIS SCAVUZZO</b>
TITLE <b>DT</b>	NAME <b>CONNELLY, CATHERINE</b>	<input type="checkbox"/> Delete	TITLE <b>DP</b>
STREET ADDRESS <b>1520 GULF BLVD., #1707</b>	CITY-ST-ZIP <b>CLEARWATER, FL 33767</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>BOB MOELLER</b>
TITLE <b>D</b>	NAME <b>MAGOLINE, ALFRED</b>	<input type="checkbox"/> Delete	STREET ADDRESS <b>1560 GULF BLVD., #803</b>
STREET ADDRESS <b>1520 GULF BLVD., #1602</b>	CITY-ST-ZIP <b>CLEARWATER, FL 33767</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP <b>CLEARWATER, FL 33767</b>
TITLE <b>DP</b>	NAME <b>HENRI, KENT</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>D</b>
STREET ADDRESS <b>1560 GULF BLVD. #1004</b>	CITY-ST-ZIP <b>CLEARWATER, FL 33767</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME <b>MICHAEL DOOLEY</b>
TITLE <b>DS</b>	NAME <b>MESHERRY, MICHAEL</b>	<input checked="" type="checkbox"/> Delete	STREET ADDRESS <b>1540 GULF BLVD., #1401</b>
STREET ADDRESS <b>1520 GULF BLVD., #2006</b>	CITY-ST-ZIP <b>CLEARWATER BEACH, FL 33767</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	CITY-ST-ZIP <b>CLEARWATER, FL 33767</b>
TITLE <b>DVP</b>	NAME <b>PRUSAN, MARTIN</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>DT</b>
STREET ADDRESS <b>1560 GULF BLVD 1602</b>	CITY-ST-ZIP <b>CLEARWATER, FL 33767</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME <b>JOSEPH REMPE</b>
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>Catherine A. Connelly</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>CATHERINE A. CONNELLY</b>		Date <b>4/18/06</b> (727) 517-8142	

60029801



04132006 Chg-NP CR2E037 (11/05)

4. FEI Number  
59-3043684

Applied For  
Not Applicable

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

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	D	<input checked="" type="checkbox"/> Delete
NAME	GARTE, GLENN	
STREET ADDRESS	1520 GULF BLVD., #706	
CITY-ST-ZIP	CLEARWATER, FL 33767	
TITLE	DT	<input type="checkbox"/> Delete
NAME	CONNELLY, CATHERINE	
STREET ADDRESS	1520 GULF BLVD., #1707	
CITY-ST-ZIP	CLEARWATER, FL 33767	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAGOLINE, ALFRED	
STREET ADDRESS	1520 GULF BLVD., #1602	
CITY-ST-ZIP	CLEARWATER, FL 33767	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	HENRI, KENT	
STREET ADDRESS	1560 GULF BLVD. #1004	
CITY-ST-ZIP	CLEARWATER, FL 33767	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	MESHERRY, MICHAEL	
STREET ADDRESS	1520 GULF BLVD., #2006	
CITY-ST-ZIP	CLEARWATER BEACH, FL 33767	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	PRUSAN, MARTIN	
STREET ADDRESS	1560 GULF BLVD 1602	
CITY-ST-ZIP	CLEARWATER, FL 33767	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOUIS SCAVUZZO	
STREET ADDRESS	1520 GULF BLVD., #307	
CITY-ST-ZIP	CLEARWATER, FL 33767	
TITLE	DP	<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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOB MOELLER	
STREET ADDRESS	1560 GULF BLVD., #803	
CITY-ST-ZIP	CLEARWATER, FL 33767	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL DOOLEY	
STREET ADDRESS	1540 GULF BLVD., #1401	
CITY-ST-ZIP	CLEARWATER, FL 33767	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSEPH REMPE	
STREET ADDRESS	1560 GULF BLVD., #1003	
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: *Catherine A. Connelly*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CATHERINE A. CONNELLY

Date  
4/18/06 (727) 517-8142