

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31576

Entity Name: ULTIMAR HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**1560 GULF BLVD.
CLEARWATER, FL 33767**Current Mailing Address:**1560 GULF BLVD.
CLEARWATER, FL 33767 US**FEI Number: 59-3043684****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KAZAR, KIM
1560 GULF BLVD.
CLEARWATER, FL 33767 US*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**Officer/Director Detail :**

| | |
|-----------------|---------------------------|
| Title | PRESIDENT |
| Name | MR. ROBERT BRAZEL |
| Address | 1560 GULF BLVD. UNIT 1604 |
| City-State-Zip: | CLEARWATER FL 33767 |

| | |
|-----------------|--------------------------|
| Title | SECRETARY |
| Name | FOULDS, PETER |
| Address | 1560 GULF BLVD. UNIT 902 |
| City-State-Zip: | CLEARWATER FL 33767 |

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|-----------------|---------------------------|
| Title | V/P |
| Name | MESSERSMITH, MARK |
| Address | 1520 GULF BLVD. UNIT 1504 |
| City-State-Zip: | CLEARWATER FL 33767 |

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|-----------------|-------------------------|
| Title | DIRECTOR |
| Name | GILES, JOHN |
| Address | 1540 GULF BLVD UNIT PH3 |
| City-State-Zip: | CLEARWATER FL 33767 |

| | |
|-----------------|--------------------------|
| Title | D |
| Name | ANTHONY, FRANCIS |
| Address | 1520 GULF BLVD UNIT PH 3 |
| City-State-Zip: | CLEARWATER FL 33767 |

| | |
|-----------------|-----------------------|
| Title | DIRECTOR |
| Name | DERBES, FRED |
| Address | 1540 GULF BV. 1401 |
| City-State-Zip: | CLEARWATER FL 33767 |

I hereby 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 all other like empowered.

SIGNATURE: KIM KAZAR**AGENT****04/20/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date