

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31576

FILED
Jan 05, 2012
Secretary of State

Entity Name: ULTIMAR HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1560 GULF BLVD.
A
CLEARWATER, FL 33767 US

New Principal Place of Business:

Current Mailing Address:

1560 GULF BLVD.
A
CLEARWATER, FL 33767 US

New Mailing Address:

FEI Number: 59-3043684 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MAGOLINE, FREDRICK
1520 GULF BLVD.
1602
CLEARWATER, 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
Name: MR. LYNN MEREDITH
Address: 1560 GULF BLVD. UNIT 1402
City-St-Zip: CLEARWATER, FL 33767

Title: VP
Name: MR. ROBERT JACOB
Address: 1520 GULF BLVD. UNIT 1207
City-St-Zip: CLEARWATER, FL 33767

Title: S
Name: DR. FRED MAGOLINE
Address: 1540 GULF BLVD. UNIT 1602
City-St-Zip: CLEARWATER, FL 33767

Title: T
Name: MR. JOHN CICERO
Address: 1520 GULF BLVD UNIT 1601
City-St-Zip: CLEARWATER, FL 33767

Title: D
Name: MR. RICHARD ZELONKA
Address: 1560 GULF BLVD UNIT 504
City-St-Zip: CLEARWATER, FL 33767

Title: D
Name: MR. JOHN TREACY
Address: 1540 GULF BLVD. UNIT 1203
City-St-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: ALFRED MAGOLINE

DR.

01/05/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date