

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90043 024 ****61.25



DOCUMENT # N47191
1. Entity Name
ULTIMAR TWO CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
**1540 GULF BLVD.
CLEARWATER FL 33767** **1540 GULF BLVD.
CLEARWATER FL 33767**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country


1st MOORE CR2E037 (10/04)
4. FEI Number Applied For
59-3112883 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent
**BECKER & POLIAKOFF P.A.
2401 W BAY DRIVE
SUITE 414
LARGO FL 33770**

7. Name and Address of New Registered Agent
Name
Elizabeth R. Mannion
Street Address (P.O. Box Number is Not Acceptable)
Raxter, Strohauer, Mannion & Silbermann, P.A.
1150 Cleveland Street, Suite 300
City State Zip Code
Clearwater FL 33755

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 *Elizabeth R. Mannion* (NOTE: Registered Agent signature required when reinstating) 3/9/05 DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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	PD	<input type="checkbox"/> Delete
NAME	DOOLEY, MICHAEL T	
STREET ADDRESS	1540 GULF BLVD UNIT 1401	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	T	<input type="checkbox"/> Delete
NAME	HERMAN, ANDREW	
STREET ADDRESS	1540 GULF BLVD UNIT 1803	
CITY-ST-ZIP	CLEARWATER BEACH FL 33767	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BEVER, PATRICIA D	
STREET ADDRESS	1540 GULF BLVD UNIT 306	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ZENS, SHARON A	
STREET ADDRESS	8625 LONGWOOD DRIVE	
CITY-ST-ZIP	SEMINOLE FL 33777	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COIA, DAVID	
STREET ADDRESS	1540 GULF BLVD UNIT 201	
CITY-ST-ZIP	CLEARWATER BEACH FL 33767	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREACY JOHN T	
STREET ADDRESS	1540 GULF BLVD UNIT 1203	
CITY-ST-ZIP	CLEARWATER, FL 33767	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1540 GULF BLVD UNIT 201	
CITY-ST-ZIP	Clearwater, FL 33767	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: *Frank M Adabbo President* 3/19/05 DATE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #