2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Apr 26, 2006 8:00 am
Secretary of State
04-26-2006 90200 006 ****61.25

400050481

04132006 Chg-NP CR2E037 (11/05)

DOCUMENT # N47191

1. Entity Name
ULTIMAR TWO CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
1540 GULF BLVD.
CLEARWATER, FL 33767

Mailing Address
1540 GULF BLVD.
CLEARWATER, FL 33767

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 59-3112883 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
MANNION, ELIZABETH R
BAXTER, STROHAUER, MANNION&SILBERMANN, PA
1150 CLEVELAND STREET, SUITE 300
CLEARWATER, FL 33755

7. Name and Address of New Registered Agent
Name MICHAEL DOOLEY
Street Address (P.O. Box Number is Not Acceptable) 1540 GULF BLVD
City CLEARWATER FL Zip Code 33767

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 MT Dooley MICHAEL DOOLEY 4-17-06
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	V	☐ Delete	TITLE	P	☒ Change ☐ Addition
NAME	DOOLEY, MICHAEL T		NAME		
STREET ADDRESS	1540 GULF BLVD UNIT 1401		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33767		CITY-ST-ZIP		
TITLE	T	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	HERMAN, ANDREW		NAME		
STREET ADDRESS	1540 GULF BLVD UNIT 1803		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER BEACH, FL 33767		CITY-ST-ZIP		
TITLE	S	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	TREACY, JOHN T		NAME		
STREET ADDRESS	1540 GULF BLVD, UNIT 1203		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33767		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ZENS, SHARON A		NAME		
STREET ADDRESS	8625 LONGWOOD DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE, FL 33777		CITY-ST-ZIP		
TITLE	P	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	COIA, DAVID		NAME		
STREET ADDRESS	1540 GULF BLVD UNIT 201		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER BEACH, FL 33767		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME			NAME	RICHARD ARMSTRONG	
STREET ADDRESS			STREET ADDRESS	1540 GULF BLVD #2101	
CITY-ST-ZIP			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: MT Dooley MICHAEL DOOLEY 4/17/06 727 593-3955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #