

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47191

FILED  
Apr 10, 2009  
Secretary of State

Entity Name: ULTIMAR TWO CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1540 GULF BLVD.  
CLEARWATER, FL 33767

**New Principal Place of Business:**

**Current Mailing Address:**

1540 GULF BLVD.  
CLEARWATER, FL 33767

**New Mailing Address:**

FEI Number: 59-3112883      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ZENS, SHARON  
1540 GULF BLVD  
CLEARWATER BEACH, 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      ( ) Delete  
Name: ZENS, SHARON A  
Address: 8625 LONGWOOD DRIVE  
City-St-Zip: SEMINOLE, FL 33777

Title: S      ( ) Delete  
Name: MAGOLINE, FRED DR  
Address: 234 LAKE POINT DR  
City-St-Zip: AKRON, OH 44333

Title: T      ( ) Delete  
Name: WHARTON, JOHN MR  
Address: 1540 GULF BLVD UNIT 1401  
City-St-Zip: CLEARWATER BEACH, FL 33767

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP      (X) Change ( ) Addition  
Name: WEIMER, LINDA  
Address: 6314 CLOVERNECK RD  
City-St-Zip: MIDDLETON, WI 53562

Title: T      (X) Change ( ) Addition  
Name: WHARTON, JOHN  
Address: 1540 GULF BLVD UNIT 1706  
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: SEC      ( ) Change (X) Addition  
Name: MAGOLINE, FRED  
Address: 234 LAKE POINT DR  
City-St-Zip: AKRON, OH 44333

Title: DIR      ( ) Change (X) Addition  
Name: FARAH, MARIA C  
Address: 6213 BAYSHORE  
City-St-Zip: TAMPA, FL 33611

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SHARON ZENS

P

04/10/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date