

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000000634

**Entity Name:** THE OCEANS CLOVERLEAF NORTH CONDOMINIUM  
ASSOCIATION, INC.**FILED**  
**Apr 27, 2017**  
**Secretary of State**  
**CC0493038336****Current Principal Place of Business:**4 OCEANS WEST BLVD.  
MANAGERS OFFICE  
DAYTONA BEACH SHORES, FL 32118**Current Mailing Address:**4 OCEANS WEST BLVD.  
MANAGERS OFFICE  
DAYTONA BEACH SHORES, FL 32118 US**FEI Number: 59-3222872****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**HASSEN, JACK JAY  
4 OCEANS WEST BLVD.  
ATTN: CONDO OFFICE  
DAYTONA BEACH SHORES, FL 32118 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: JACK J HASSEN****04/27/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT
Name	SKINNER, STEVE
Address	4 OCEANS W BLVD 203B
City-State-Zip:	DAYTONA BEACH SHORES FL 32118

Title	S
Name	RAMOS, RUTH
Address	4 OCEANS W BLVD 306B
City-State-Zip:	DAYTONA BEACH SHORES FL 32118

Title	T
Name	ROLAND, ROBERT
Address	4 OCEANS W. BLVD. #401B
City-State-Zip:	DAYTONA BEACH SHORES FL 32118

Title	DIRECTOR
Name	HESIDENCE, DAVE
Address	4 OCEANS W. BLVD #503B
City-State-Zip:	DAYTONA BEACH SHORES FL 32118

Title	VP
Name	CLOKE, JOAN
Address	4 OCEANS W. BLVD #603A
City-State-Zip:	DAYTONA BEACH SHORES FL 32118

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: STEVE SKINNER****PRESIDENT****04/27/2017**

Electronic Signature of Signing Officer/Director Detail

Date