

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N42540 (7)
1. Corporation Name
**THE OCEANS CLOVERLEAF CONDOMINIUM ASSOCIATION, I
NC.**

Principal Place of Business Mailing Address
**3 OCEANS WEST BLVD.
DAYTONA BEACH SHORES FL 32118-6002
US** **3 OCEANS WEST BLVD
DAYTONA BEACH SHORES FL 32118-6002
US**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified **03/14/1991** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-3055556** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**CLEGHORN, JUDITH L.
3 OCEANS WEST BLVD
UNIT 1A4
DAYTONA BCH FL 32118**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	OZEROFF, LEONARD
STREET ADDRESS	3 OCEANS WEST BLVD
CITY - ST - ZIP	DAYTONA BEACH SHORES F
TITLE	VP
NAME	DICAETANO, ANNE
STREET ADDRESS	3 OCEANS WEST BLVD. APT 4C5
CITY - ST - ZIP	DAYTONA BEACH SHORES FL
TITLE	DT
NAME	NEEDHAM, HAROLD
STREET ADDRESS	3 OCEANS WEST BLVD.
CITY - ST - ZIP	DAYTONA BEACH SHORES FL
TITLE	VPD
NAME	DUXBORG, NANCY
STREET ADDRESS	3 OCEAN WEST BLVD APT 705
CITY - ST - ZIP	DAYTONA BCH FL
TITLE	DS
NAME	GILGEN, ARNOLD
STREET ADDRESS	3 OCEANS WEST BLVD APT 6D5
CITY - ST - ZIP	DAYTONA BEACH SHORES FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

See Attached List of Current Officers/Directors Insufficient Space

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **Pres.** Date: **4/6/95** **904-960-2873**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APPROVED AND FILED
95 APR 12 PM 2:06:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(2)

**OCEANS CLOVERLEAF CONDOMINIUM ASSOCIATION, INC.
1 9 9 5 BOARD OF DIRECTORS**

NAME AND ADDRESS:

OFFICERS and DIRECTORS

VINCENT VINCI
OCEANS CLOVERLEAF- 3 B 4
3 OCEANS WEST BLVD.
DAYTONA BEACH SHORES, FL 32118

PRESIDENT

PATRICIA A. CURRIERI
OCEANS CLOVERLEAF - 1 C 4
3 OCEANS WEST BLVD.
DAYTONA BEACH SHORES, FL 32118

VICE PRESIDENT

JEAN WEST
OCEANS CLOVERLEAF - 1 D 6
3 OCEANS WEST BLVD.
DAYTONA BEACH SHORES, FL 32118

SECRETARY

HARRY H. JENNINGS
OCEANS CLOVERLEAF - 2 B 6
3 OCEANS WEST BLVD.
DAYTONA BEACH SHORES, FL 32118

TREASURER

RICHARD W. FALARDEAU
OCEANS CLOVERLEAF - 6 D 6
3 OCEANS WEST BLVD.
DAYTONA BEACH SHORES, FL 32118

DIRECTOR

HARRY McGEE
OCEANS CLOVERLEAF - 3 B 7
3 OCEANS WEST BLVD.
DAYTONA BEACH SHORES, FL 32118

DIRECTOR

CONNIE MOONEY
OCEANS CLOVERLEAF - 3 D 2
3 OCEANS WEST BLVD.
DAYTONA BEACH SHORES, FL 32118

DIRECTOR