

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N42540 (7)**

1. Corporation Name

**THE OCEANS CLOVERLEAF CONDOMINIUM ASSOCIATION, INC.**



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

3. Date Incorporated or Qualified **03/14/1991** 3a. Date of Last Report **06/26/1995**  
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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.  
22. City & State 27. City & State  
23. Zip 24. Country 25. Zip 29. Country 30. Country

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 617.0502 and 617.1508, 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 I accept the obligations of, Section 617.0403, Florida Statutes.

SIGNATURE *Judith R. Cleghorn, Mgr.* DATE **2/29/96**

12. OFFICERS AND DIRECTORS  
TITLE  DELETE  
NAME **P VINCI, VINCENT**  
STREET ADDRESS **3 OCEANS WEST BLVD. DAYTONA BEACH FL**  
CITY-ST-ZIP  
TITLE  DELETE  
NAME **V CURIERI, PATRICIA A**  
STREET ADDRESS **3 OCEANS WEST BLVD. DAYTONA BEACH FL**  
CITY-ST-ZIP  
TITLE  DELETE  
NAME **D WEST, JEAN**  
STREET ADDRESS **3 OCEANS WEST BLVD. DAYTONA BEACH SHORES FL**  
CITY-ST-ZIP  
TITLE  DELETE  
NAME **T JENNINGS, HARRY H**  
STREET ADDRESS **3 OCEAN WEST BLVD DAYTONA BCH FL**  
CITY-ST-ZIP  
TITLE  DELETE  
NAME **D MOONEY, CONNIE**  
STREET ADDRESS **3 OCEANS WEST BLVD 3D2 DAYTONA BEACH SHORES FL**  
CITY-ST-ZIP  
TITLE  DELETE  
NAME **D MCGEE, HARRY**  
STREET ADDRESS **3 OCEANS WEST BLVD. DAYTONA BEACH SHORES FL 32118-6002**  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME **CLYDE BRENNAMAN**  
1.3 STREET ADDRESS **3 OCEANS W. BLVD #1D7**  
1.4 CITY-ST-ZIP **DAYTONA BEACH SHO.**  
2.1 TITLE  Change  Addition  
2.2 NAME **Ken V.P**  
2.3 STREET ADDRESS **KARL L. 3 Oceans West Blvd. #485**  
2.4 CITY-ST-ZIP **Daytona Bch. Sho., Fl. 32118**  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME **D. Beaver Todd K.**  
5.3 STREET ADDRESS **3 Oceans West Blvd. #704**  
5.4 CITY-ST-ZIP **Daytona Bch. Shores, Fl. 32118**  
6.1 TITLE  Change  Addition  
6.2 NAME **D. Hummel Paul W.**  
6.3 STREET ADDRESS **3 Oceans West Blvd. 304**  
6.4 CITY-ST-ZIP **Daytona Bch. Shores, Fl. 32118**

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: **VINCENT VINCI, PRES.** *Vincent Vinci, Pres.* DATE **3-6-96** 760-2873  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)