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Jan 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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 32118-5947 US

3. Date Incorporated or Qualified 03/14/1991  
3a. Date of Last Report 03/11/1996  
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 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent  
CLEGHORN, JUDITH L.  
3 OCEANS WEST BLVD  
UNIT 1A4  
DAYTONA BCH FL 32118  
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 accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	NAME VINCI, VINCENT	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3 OCEANS WEST BLVD.	CITY-ST-ZIP DAYTONA BEACH FL	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME KARL b. Pres. KEAY, MARK L. 485	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3 OCEANS WEST BLVD #485	CITY-ST-ZIP DAYTONA BEACH FL	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE <input checked="" type="checkbox"/> DELETE	NAME WEST, JEAN	3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Ralph Bielick sect. 3 Oceans West Blvd. #5D-4 Daytona Beach Shores, FL 32118
STREET ADDRESS 3 OCEANS WEST BLVD.	CITY-ST-ZIP DAYTONA BEACH SHORES FL	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME JENNINGS, HARRY H	4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	J Joanne Hostetler 3 ocean west Blvd. # 3D-3 Daytona Beach Shores, FL 32118
STREET ADDRESS 3 OCEAN WEST BLVD	CITY-ST-ZIP DAYTONA BCH FL	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME BEAVER, TODD K. TRCA.	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3 OCEANS BLVD #7C4	CITY-ST-ZIP DAYTONA BEACH SHORES FL	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE <input checked="" type="checkbox"/> DELETE	NAME HUMMELL, PAUL W.	6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Clyde BRENNAMAN, V.P. 3 Ocean West Blvd. # 1D-7 Daytona Beach Shores, FL 32118
STREET ADDRESS 3 OCEANS WEST BLVD #3C4	CITY-ST-ZIP DAYTONA BEACH SHORES FL	6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. CLYDE T. BRENNAMAN, V. PRES.

SIGNATURE: Clyde T. Brennan, V.P. 1/8/97 760-2873  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)