

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

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

Principal Place of Business <b>3 OCEANS WEST BLVD. DAYTONA BEACH SHORES FL 32118-6002 US</b>	Mailing Address <b>3 OCEANS WEST BLVD DAYTONA BEACH SHORES FL 32118-6002 US</b>
---	--

3. Date Incorporated or Qualified <b>03/14/1991</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>59-3055556</b>	

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

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>CLEGHORN, JUDITH L. 3 OCEANS WEST BLVD UNIT 1A4 DAYTONA BCH FL 32118</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 <i>Same</i> 84 City <b>FL</b> 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 *Judith L. Cleghorn* DATE **1-5-98**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D VINCI, VINCENT 3 OCEANS WEST BLVD. DAYTONA BEACH FL</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>Vice Pres/Secretary Heiko Multhopp 3 Oceans West Blvd.#7D-4 Daytona Beach Shores, FL 32118</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P KEAY, KARL L. 3 OCEANS WEST BLVD #43-4B5 DAYTONA BEACH FL</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>Director Stanley Blam 3 Oceans West Blvd. # 1C-6 Daytona Beach Shores, FL 32118</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S BIELICK, RALPH 3 OCEANS WEST BLVD., #5D-4 DAYTONA BEACH SHORES FL</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>Director Harold Needham 3 Oceans West Blvd. #7D-3 Daytona Beach Shores, FL 32118</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HOSTETLER, JOANNE 3 OCEANS WEST BLVD., #3D-3 DAYTONA BCH FL</b> <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>Director James West 3 Oceans West Blvd. #1D-5 Daytona Beach Shores, FL 32118</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T BEAVER, TODD K. 3 OCEANS BLVD #7C4 DAYTONA BEACH SHORES FL</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP-TRES. BRENNAMAN, CLYDE 3 OCEAN WEST BLVD., #1D-7 DAYTONA BEACH SHORES FL</b> <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE: *Clyde Brennaman* **REQUIRED, TRES** DATE **1-6-98**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0000225

CR2E037 (10/97)