

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90141 007 ****70.00

0002192

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N42540
 1. Corporation Name
THE OCEANS CLOVERLEAF CONDOMINIUM ASSOCIATION, I NC.

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



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/14/1991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3055556
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 **DIANE DAVIS CAM**
 82 Street Address (P.O. Box Number is Not Acceptable) **121 RIVER ST**
 83
 84 City **P.O. ORANGE FL** 85 Zip Code **32127**

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 **DIANE DAVIS MANAGER** *Diane Davis* **1-28-99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VPS	<input type="checkbox"/> DELETE
NAME	MULTHOFF, HEIKO	
STREET ADDRESS	3 OCEANS WEST BLVD. #7D-4	
CITY-ST-ZIP	DAYTONA BEACH SHORES FL 32118	
TITLE	P	<input type="checkbox"/> DELETE
NAME	KEY, KARL L.	
STREET ADDRESS	3 OCEANS WEST BLVD. #485	
CITY-ST-ZIP	DAYTONA BEACH SHORES FL 32118	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ELAM, STANLEY	
STREET ADDRESS	3 OCEANS WEST BLVD. #1C-6	
CITY-ST-ZIP	DAYTONA BEACH SHORES FL 32118	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOSTETLER, JOANNE	
STREET ADDRESS	3 OCEANS WEST BLVD., #3D-3	
CITY-ST-ZIP	DAYTONA BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NEEDHAM, HAROLD	
STREET ADDRESS	3 OCEANS WEST BLVD. #7D-3	
CITY-ST-ZIP	DAYTONA BEACH SHORES FL 32118	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BRENNAMAN, CLYDE	
STREET ADDRESS	3 OCEAN WEST BLVD., #1D-7	
CITY-ST-ZIP	DAYTONA BEACH SHORES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	W.M. REILLY	
1.3 STREET ADDRESS	3 OCEANS WEST BLVD 483	
1.4 CITY-ST-ZIP	DAYTONA BEACH SHORES FL 32118	
2.1 TITLE	VPS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JANICE GRIFFIN 887	
2.3 STREET ADDRESS	3 OCEANS WEST BLVD	
2.4 CITY-ST-ZIP	DAYTONA BEACH SHORES FL 32118	
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JAMES A THOMSER	
3.3 STREET ADDRESS	3 OCEANS WEST BLVD 705	
3.4 CITY-ST-ZIP	DAYTONA BEACH SHORES FL 32118	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CLYDE BRENNAMAN	
4.3 STREET ADDRESS	3 OCEANS WEST BLVD 107	
4.4 CITY-ST-ZIP	DAYTONA BEACH SHORES FL 32118	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	HEIKO MULTHOFF	
5.3 STREET ADDRESS	3 OCEANS WEST BLVD 704	
5.4 CITY-ST-ZIP	DAYTONA BEACH SHORES FL 32118	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	KARL L KEY	
6.3 STREET ADDRESS	3 OCEANS WEST BLVD 704	
6.4 CITY-ST-ZIP	DAYTONA BEACH SHORES 32118	

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, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/99 760-2873
 Date Daytime Phone #

CR2E037 (11/98)