

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90010 031 ****70.00

DOCUMENT # N42540

1. Entity Name

THE OCEANS CLOVERLEAF CONDOMINIUM ASSOCIATION, I

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3055556

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAVIS, DIANA C
 121 NIVEA ST.
 PORT ORANGE FL 32127**

DAVIS, DIANE M.

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	MULTHOFF	
STREET ADDRESS	NOLTHOPP, HEIKO	
CITY-ST-ZIP	3 OCEANS WEST BLVD. #7D-4 DAYTONA BEACH SHORES FL 32118	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KEY, KARL L.	
STREET ADDRESS	3 OCEAN WEST BLVD. 704	
CITY-ST-ZIP	DAYTONA BEACH SHORES FL 32118	
TITLE	P	<input type="checkbox"/> Delete
NAME	REILLY, W M	
STREET ADDRESS	3 OCEAN WEST BLVD. 483	
CITY-ST-ZIP	DAYTONA BEACH SHORES FL 32118	
TITLE	VPS	<input checked="" type="checkbox"/> Delete
NAME	GRIFFIN, JANICE	
STREET ADDRESS	3 OCEAN WEST BLVD. 267	
CITY-ST-ZIP	DAYTONA BCH FL 32118	
TITLE	T	<input type="checkbox"/> Delete
NAME	THUMSER	
STREET ADDRESS	THOMSER, JAMES	
CITY-ST-ZIP	3 OCEAN WEST BLVD. 7C5 DAYTONA BEACH SHORES FL 32118	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRENNAMAN, CLYDE	
STREET ADDRESS	3 OCEAN WEST BLVD., #1D-7	
CITY-ST-ZIP	DAYTONA BEACH SHORES FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	UM. FERENGE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3 OCEANS WEST BLVD 506	
STREET ADDRESS	D.B.S. 32118	
CITY-ST-ZIP	DIRECTOR	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	JUDY CALDWELL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3 OCEANS WEST BLVD 7D7	
STREET ADDRESS	D.B.S FL 32118	
CITY-ST-ZIP	(RECT'Y)	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other persons empowered.

SIGNATURE:

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

JAMES THUMSER 1/21/00 760-2873
 Date Daytime Phone #

CR2E037 (9/99)