

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 17, 2002 8:00 am**  
**Secretary of State**

02-17-2002 90031 002 \*\*\*\*70.00

**DOCUMENT # N42540**

1. Entity 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 32118-6002  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 NIVER STREET  
 PORT ORANGE FL 32127**

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

3 OCEANS WEST BLVD

City DAYTONA Bch SHORES FL Zip Code 32118

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 Barbara Schutt Barbara Schutt 1-23-02  
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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MULTHOPP, HEIKO</b>	
STREET ADDRESS	<b>3 OCEANS WEST BLVD. #7D-4</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH SHORES FL 32118</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>HAYES, THEODORE</b>	
STREET ADDRESS	<b>3 OCEANS WEST BLVD, 5A6</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH SHORES FL 32118</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>REILLY, W M</b>	
STREET ADDRESS	<b>3 OCEAN WEST BLVD. 483</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH SHORES FL 32118</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HOSTETLER, JOANNE</b>	
STREET ADDRESS	<b>3 OCEANS WEST BLVD #3D3</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH SHORES FL 32118</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>THOMSER, JAMES</b>	
STREET ADDRESS	<b>3 OCEAN WEST BLVD. 7C5</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH SHORES FL 32118</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MULLEE, PAUL</b>	
STREET ADDRESS	<b>3 OCEANS WEST BLVD 6B3</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH SHORES FL 32118</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REILLY, W M</b>	
STREET ADDRESS	<b>3 OCEAN WEST BLVD # 4 B3</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH SHORES FL 32118</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FERRENCE, W M</b>	
STREET ADDRESS	<b>3 OCEANS WEST BLVD # 506</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH SHORES FL 32118</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TARACH, ELEONOR</b>	
STREET ADDRESS	<b>3 OCEANS WEST BLVD # 4 D7</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH SHORES FL 32118</b>	
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 like empowered.

SIGNATURE: Barbara Schutt Barbara Schutt 1/29/02 760-2823  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)