

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91280 027 \*\*\*\*70.00

**DOCUMENT # N42540**  
 1. Entity Name  
**THE OCEANS CLOVERLEAF CONDOMINIUM ASSOCIATION, INC.**



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**

**54042774**



MOORE CR2E037 (11/03)

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country  
 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number **59-3055556** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BROWN, JEFFREY**  
**3 OCEAN WEST BLVD**  
**DAYTONA BEACH FL 32118**

7. Name and Address of New Registered Agent  
 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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW: FEE IS \$61.25 Due By May 1, 2004** 9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees **Make Check Payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>FERENCE, W.M. <i>SAME.</i><br>3 OCEAN WEST BLVD #5C6<br>DAYTONA BEACH SHORES FL 32118 <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>HAYES, THEODORE<br>3 OCEANS WEST BLVD, 5A6<br>DAYTONA BEACH SHORES FL 32118 <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>REILLY, W.M.<br>3 OCEAN WEST BLVD #4 B3<br>DAYTONA BEACH SHORES FL 32118 <input checked="" type="checkbox"/> Delete    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>FERRENCE, WM<br>3 OCEANS WEST BLVD #5C6<br>DAYTONA BEACH SHORES FL 32118 <input checked="" type="checkbox"/> Delete    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>TARACH, ELEONOR<br>3 OCEANS WEST BLVD #4D7<br>DAYTONA BEACH SHORES FL 32118 <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>WARRINGTON, RUSSELL<br>3 OCEAN WEST #1A4<br>DAYTONA BEACH SHORES FL 32118 <input type="checkbox"/> Delete              |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | TREASURER<br>AL THUMSER.<br>3 OCEANS WEST BLVD. #7C5.<br>DAYTONA BEACH SHORES, FL 32118. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | SECRETARY<br>BILLIE WHEELER.<br>3 OCEANS WEST BLVD. #6C7<br>DAYTONA BEACH SHORES, FL 32118. <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | DIRECTOR<br>W.M. REILLY.<br>3 OCEANS WEST BLVD. #4B3<br>DAYTONA BEACH SHORES, FL 32118. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VICE-PRESIDENT<br>RONALD BROWN.<br>3 OCEANS WEST BLVD. #5B3.<br>DAYTONA BEACH SHORES, FL 32118. <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | DIRECTOR<br>ELEONOR TARACH.<br>3 OCEANS WEST BLVD. #4D7.<br>DAYTONA BEACH SHORES, FL 32118. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | DIRECTOR<br>KAJO SCHMIDT.<br>3 OCEANS WEST BLVD. #1C4.<br>DAYTONA BEACH SHORES, FL 32118. <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition       |

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 the same empowered.

SIGNATURE: *Wm. James Ference* **4/23/04** W.M. JAMES FERENCE  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #