

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90020 031 ****61.25



DOCUMENT # N42540

1. Entity Name

THE OCEANS CLOVERLEAF CONDOMINIUM ASSOCIATION, INC.

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

City & State

City & State

4. FEI Number

59-3055556

Applied For

Not Applicable

Zip

Country

Zip

Country

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 **MORRIS GOODWIN**

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

City **DAYTONA BEACH 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Morris Goodwin

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/2/2006

**FILE NOW - FEE IS \$61.25
 Due By May 1, 2006**

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 **D** Delete

NAME **FERENCE, W.M.**
 STREET ADDRESS **3 OCEAN WEST BLVD #5C6**
 CITY-ST-ZIP **DAYTONA BEACH SHORES FL 32118**

TITLE **S** Delete

NAME **WHEELER, BILLIE**
 STREET ADDRESS **3 OCEAN W BLVD, # 6C7**
 CITY-ST-ZIP **DAYTONA BEACH SHORES FL 32118**

TITLE **V** Delete

NAME **REILLY, W.M.**
 STREET ADDRESS **3 OCEAN W BLVD, # 4B3**
 CITY-ST-ZIP **DAYTONA BEACH SHORES FL 32118**

TITLE **D** Delete

NAME **TARACH, ELEONOR**
 STREET ADDRESS **3 OCEANS WEST BLVD #4D7**
 CITY-ST-ZIP **DAYTONA BEACH SHORES FL 32118**

TITLE **T** Delete

NAME **SCHMIDT, KAJO**
 STREET ADDRESS **3 OCEAN WEST BLVD, #4C4**
 CITY-ST-ZIP **DAYTONA BEACH SHORES FL 32118**

TITLE Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President** Change Addition

NAME **Brown, Ron**
 STREET ADDRESS **3 Oceans West Blvd. 5B3**
 CITY-ST-ZIP **Daytona Beach Shores FL. 32118**

TITLE **V President** Change Addition

NAME **Wheeler, Billie**
 STREET ADDRESS **3 Oceans West Blvd. 6C7**
 CITY-ST-ZIP **Daytona Beach Shores FL. 32118**

TITLE **Secretary** Change Addition

NAME **Blad, KATH LEEN**
 STREET ADDRESS **3 Oceans West Blvd. 401**
 CITY-ST-ZIP **Daytona Beach Shores FL. 32118**

TITLE **Treasurer** Change Addition

NAME **Fahrman, Heseey**
 STREET ADDRESS **3 Oceans West Blvd. 6A4**
 CITY-ST-ZIP **Daytona Beach Shores FL. 32118**

TITLE **Director** Change Addition

NAME **Reilly William**
 STREET ADDRESS **3 Oceans West Blvd. 4B3**
 CITY-ST-ZIP **Daytona Beach Shores, FL. 32118**

TITLE **Director** Change Addition

NAME **FERENCE William**
 STREET ADDRESS **3 Oceans West Blvd. 5C6 DBShores**
 CITY-ST-ZIP **Daytona Beach Shores**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

DR

2-6-06

(386) 760-2873