


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90066 005 ****61.25

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

40013240



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
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01172007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3055556	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent GODWIN, MORRIS 150 DUNDEE RD DAYTONA BEACH, FL 32118		7. Name and Address of New Registered Agent Name Henry Fehrman Street Address (P.O. Box Number is Not Acceptable) 3 Oceans West Blvd. # 6A4 City Daytona Beach Shores FL Zip Code 32118	
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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  **HENRY FEHRMAN** 2/7/07
(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2007**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERENCE, W.M. 3 OCEAN WEST BLVD #5C6 DAYTONA BEACH SHORES, FL 32118 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Fehrman Henry 3 Oceans West Blvd #6A4 Daytona Beach Shores FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WHEELER, BILLIE 3 OCEAN W BLVD, # 6C7 DAYTONA BEACH SHORES, FL 32118 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Schmitz, John 3 Oceans West Blvd #5A4 Daytona Beach Shores FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V REILLY, W.M. 3 OCEAN W BLVD, # 4B3 DAYTONA BEACH SHORES, FL 32118 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Blad Kathleen 3 Oceans West Blvd # 401 Daytona Beach Shores FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FEHRMAN, HENRY 3 OCEAN W BLVD 6A4 DAYTONA BEACH SHORES, FL 32118 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Reilly Daniel 3 Oceans West Blvd #283 Daytona Beach Shores FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REILLY, WILLIAM 3 OCEAN W BLVD 4B3 DAYTONA BEACH SHORES, FL 32118 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input type="checkbox"/> Addition Reilly, Wm. 3 Oceans West Blvd #483 Daytona Beach Shores FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Lilly James 3 Oceans West Blvd # 205 Daytona Beach Shores FL 32118

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  2/6/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #