

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N42540

**FILED**  
**Mar 09, 2015**  
**Secretary of State**  
**CC2133611780**

**Entity Name:** THE OCEANS CLOVERLEAF CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

3 OCEANS WEST BLVD.  
DAYTONA BEACH SHORES, FL 32118

**Current Mailing Address:**

MORBITZER COMMUNITIES, INC.  
2430 S. ATLANTIC AVE SUITE C  
DAYTONA BEACH SHORES, FL 32118 US

**FEI Number: 59-3055556**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MORBITZER, MARGARET L  
MORBITZER COMMUNITIES, INC.  
2430 S. ATLANTIC AVE SUITE C  
DAYTONA BEACH SHORES, FL 32118 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VP  
Name WHEELER, BILLIE  
Address 3 OCEANS WEST BLVD., #6C7  
City-State-Zip: DAYTONA BEACH SHORES FL 32118

Title P  
Name GILLAN, JOE  
Address 3 OCEANS WEST BLVD. 6B8  
City-State-Zip: DAYTONA BEACH SHORES FL 32118

Title D  
Name MCAVOY, MAUREEN  
Address 3 OCEANS WEST BLVD. 6A1  
City-State-Zip: DAYTONA BEACH SHORES FL 32118

Title D  
Name WILDBERGER, SANDY  
Address 3 OCEANS WEST BLVD 6D6  
City-State-Zip: DAYTONA BEACH SHORES FL 32118

Title S  
Name TARACH, ELEONOR  
Address 3 OCEANS WEST BLVD  
City-State-Zip: DAYTONA BEACH SHORES FL 32118

Title TREASURER  
Name BROWN, RON  
Address 3 OCEANS WEST BLVD #5B3  
City-State-Zip: DAYTONA BEACH SHORES FL 32118

Title DIRECTOR  
Name KITTINGER, LARRY  
Address 3 OCEANS WEST BLVD #4C6  
City-State-Zip: DAYTONA BEACH SHORES FL 32118

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: JOE GILLAN**

**PRESIDENT**

**03/09/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date