2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N42540

Entity Name: THE OCEANS CLOVERLEAF CONDOMINIUM ASSOCIATION,

INC

Current Principal Place of Business:

2180 WEST SR 434 STE 5000 LONGWOOD, FL 32779

Current Mailing Address:

2180 WEST SR 434 STE 5000 LONGWOOD, FL 32779 US

FEI Number: 59-3055556 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SENTRY MANAGEMENT INC 411 S CENTRAL AVE STE B FLAGLER BEACH, FL 32136 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: BRADLEY POMP 06/05/2018

Electronic Signature of Registered Agent

Date

FILED Jun 05, 2018

Secretary of State CC9032462411

Officer/Director Detail:

 Title
 VP
 Title
 DIRECTOR

 Name
 WHEELER, BILLIE
 Name
 ROSA, JOSE

Address 2180 WEST SR 434 STE 5000 Address 2180 WEST SR 434 STE 5000

City-State-Zip: LONGWOOD FL 32779 City-State-Zip: LONGWOOD FL 32779

Title PRESIDENT Title TREASURER
Name GILLAN, JOE Name KIMEL, JOHN

 Address
 2180 WEST SR 434 STE 5000
 Address
 2180 WEST SR 434 STE 5000

 City-State-Zip:
 LONGWOOD FL 32779
 City-State-Zip:
 LONGWOOD FL 32779

Title S Title DIRECTOR

Name TARACH, ELEONOR Name WILDBERGER, SANDY

Address 2180 WEST SR 434 STE 5000 Address 2180 WEST SR 434 STE 5000

City-State-Zip: LONGWOOD FL 32779 City-State-Zip: LONGWOOD FL 32779

Title DIRECTOR

Name KITTINGER, LARRY

Address 2180 WEST SR 434 STE 5000 City-State-Zip: LONGWOOD FL 32779

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 06/05/2018