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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # N09192 (8)
1. Corporation Name
THE OAKS IV CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business: **1905 QUESADA AVENUE PORT CHARLOTTE FL 33948**
Mailing Address: **1905 QUESADA AVENUE PORT CHARLOTTE FL 33948**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/09/1985** 3a. Date of Last Report: **04/20/1994**
4. FEI Number: **59-2562067** Applied For: Not Applicable:
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**DEVINE, RONALD J
OAKS IV CONDOMINIUM ASSOCIATION INC
19505 QUESADA AVE
PT CHARLOTTE FL 33948**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Ronald J Devine **Manager for the Association** 4/14/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	SDT
NAME	AKEN, ROBERT C
STREET ADDRESS	701 AQUI ESTA DR #54
CITY-ST-ZIP	PUNTA GORDA FL
TITLE	V
NAME	HONISKO, JAMES R
STREET ADDRESS	1650 MICHIGAN ST APT 13
CITY-ST-ZIP	MAUMEE OH
TITLE	D
NAME	PERANO, FRANK
STREET ADDRESS	32/24 45TH ST
CITY-ST-ZIP	ASTORIA NY
TITLE	P
NAME	LIEPHART, ROGER A
STREET ADDRESS	19505 QUESADA AVE #2911
CITY-ST-ZIP	PORT CHARLOTTE FL
TITLE	D
NAME	SAPUTO, DONALD A
STREET ADDRESS	23162 TUSCANY ST
CITY-ST-ZIP	E DETROIT MI
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Sec/Treasurer/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Carmen J Perogine
1.3 STREET ADDRESS	120 S Poplar St
1.4 CITY-ST-ZIP	Gibbstown NJ 08027
2.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	James R Honisko
2.3 STREET ADDRESS	1650 Michigan St Apt 13
2.4 CITY-ST-ZIP	Maumee OH 43537
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Roger A Liephart
3.3 STREET ADDRESS	19505 Quesada Ave #2911
3.4 CITY-ST-ZIP	Port Charlotte FL 33948
4.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Edwin E Lowrey
4.3 STREET ADDRESS	15 Charles St
4.4 CITY-ST-ZIP	Bristol CT 06010
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Marion O Nelson
5.3 STREET ADDRESS	19505 Quesada Ave #3114
5.4 CITY-ST-ZIP	Port Charlotte FL 33948
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James R. Honisko 4/14/95 (813) 255-5241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
James R Honisko, President