

04-22-2002 90247 048 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N09192

1. Entity Name

THE OAKS IV CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

19505 QUESADA AVENUE
 PORT CHARLOTTE FL 33948

Mailing Address

19505 QUESADA AVENUE
 PORT CHARLOTTE FL 33948

95205

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2562067

Applied For

Not Applicable

6. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

BECKER & POLIAKOFF, P.A.
 630 SOUTH ORANGE AVENUE, 3RD FLOOR
 SARASOTA FL 34238

7. Name and Address of New Registered Agent

Name **BECKER & POLIAKOFF, P.A.**

Street Address (P.O. Box Number is Not Acceptable)
630 S. ORANGE AVENUE

City **SARASOTA**

FL

Zip Code
34236

6. 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

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

(NOTE: Registered Agent signature required when reissuing)

DATE

4/8/02

FILE NOW: FEE IS: \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HEMSHAW, LAMOINE E 832 KARI DRIVE EAU CLAIRE WI 54701 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FERRARA, ARMOND L 178 ELLISDALE ROAD ALLENTOWN NJ 08501-1805 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUBACH, JOHN P 35250 GREENWICH AVE NORTH RIDGEVILLE OH 44039 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWARD, THOMAS F 13092 SIKKEMA DR GRAND HAVEN MI 49417 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CYRAN, MARY ELLEN 8708 FOXCROFT ROAD PROSPECT KY 40059 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEROGINE, CARMEN J 19505 Quesada Ave #00 203 Port Charlotte FL 33948 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOWARD, THOMAS F 13092 Sikkema Dr Grand Haven MI 49417 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MURAWSKY, BETTY L 19505 Quesada Ave #00 103 Port Charlotte FL 33948 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas F. Howard
 President

DATE

Daytime Phone #

CR0207 (9/01)