


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90329 033 \*\*\*\*61.25

**DOCUMENT # N09192**

1. Entity Name  
**THE OAKS IV CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**19505 QUESADA AVENUE**      **19505 QUESADA AVENUE**  
**PORT CHARLOTTE FL 33948**      **PORT CHARLOTTE FL 33948**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2562067**      Applied For  
 Not Applicable

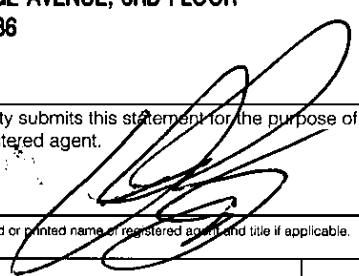
5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**BECKER & POLIAKOFF, P.A.**  
**630 SOUTH ORANGE AVENUE, 3RD FLOOR**  
**SARASOTA FL 34236**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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       DATE

Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD</b><br><b>FERRARA, ARMOND L</b><br><b>176 ELLISDALE ROAD</b><br><b>ALLENTOWN NJ 08501-1805</b> <input checked="" type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>P &amp; D</b><br><b>NORMA YATES</b><br><b>19505 QUESADA AVE #SS 103</b><br><b>PORT CHARLOTTE FL 33948</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>PEROGINE, CARMEN J</b><br><b>19505 QUESADS AVE # 00 203</b><br><b>PORT CHARLOTTE FL 33948</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>V P &amp; D</b><br><b>EDWIN R PAGE</b><br><b>11000 MCCLUMPHA RD</b><br><b>PLYMOUTH MI 48170</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TD</b><br><b>HOWARD, THOMAS F</b><br><b>13092 SIKKEMA DR</b><br><b>GRAND HAVEN MI 49417</b> <input type="checkbox"/> Delete                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D</b><br><b>THOMAS F HOWARD</b><br><b>13092 SIKKEMA DR</b><br><b>GRAND HAVEN MI 49417</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T</b><br><b>CYRAN, MARY ELLEN</b><br><b>6706 FOXCROFT ROAD</b><br><b>PROSPECT KY 40059</b> <input type="checkbox"/> Delete                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>T &amp; D</b><br><b>MARY ELLEN CYRAN</b><br><b>6706 FOXCROFT RD</b><br><b>PROSPECT KY 40059</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD</b><br><b>MURAWSKY, BETTY L</b><br><b>19505 QUESADA AVE #00 103</b><br><b>PORT CHARLOTTE FL 33948</b> <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>S &amp; D</b><br><b>BETTY L MURAWSKY</b><br><b>19505 QUESADA AVE #00 103</b><br><b>PORT CHARLOTTE FL 33948</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input 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:  Sec. & Director, Betty L Murawsky (941)629-4486

CR2E037 (10/02)