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2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 18, 2004 8:00 am DOCUMENT # N0919 **Secretary of State** 1. Entity Name 02-18-2004 90026 046 ****61.25 THE OAKS IV CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 19505 QUESADA AVENUE PORT CHARLOTTE FL 33948 19505 QUESADA AVENUE **44014904** PORT CHARLOTTE FL 33948 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State Applied For 4. FEI Number 59-2562067 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BECKER & POLIAKOFF, P.A. Street Address (P.O. Box Number is Not Acceptable) 630 SOUTH ORANGE AVENUE, 3RD FLOOR SARASOTA FL 34236 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Florida Department of State Due By May 1, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. SECRETARY TITLE Change ☐ Addition TITLE ☐ Delete YATES, NORMA 19505 QUES ADA AVE # 55/03 YATES, NORMA NAME NAME 19505 QUESADA AVE #SS 103 STREET ADDRESS STREET ADDRESS PORT CHARLOTTE FL 33948 PORT CHARLOTTE, FL 33948 CITY-ST-ZIP CITY-ST-ZIP VPD PRESIDENT Delete TETLE TITLE □ Change Addition PAGE, EDWIN R NAME MARAE LAMoine Heimstead 11000 MCCLUMPHA RD 19505 Quesa) A RUE, # QQ.201 STREET ADDRESS STREET ADDRESS PLYMOUTH MI 48170 CITY-ST-ZIF CITY-ST-ZIP PORT CHARLOTTE FL 33748 VICE-PRESIDENT Delete ☐ Change TITLE TITLE ☐ Addition HOWARD, THOMAS F WILLIAM PISANI NAME NAME 19505QUBSADA-#00.102-13092 SIKKEMA DR STREET ADDRESS STREET ADDRESS GRAND HAVEN MI 49417 CITY-ST-ZIP CITY-ST-ZIP PORTCHARLOTTE, FU 33948 DICECTOR ☐ Delete ☐ Change ☐ Addition CHARLES KRISTICH CYRAN, MARY ELLEN NAME 6706 FOXCROFT ROAD 88 LOWELL RD. STREET ADDRESS STREET ADDRESS PROSPECT KY 40059 KENMORE, KY 14217 CITY-ST-ZIE CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE MURAWSKY, BETTY L NAME NAME 19505 QUESADA AVE #00 103 STREET ADDRESS STREET ADDRESS PORT CHARLOTTE FL 33948 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change Addition CYRAN, MARY ELLEN NAME NAME NO NEED TO 6706 FOXCROFT RD STREET ADDRESS STREET ADDRESS PROSPECT KY 40059 BELISTED TWO TIMES CITY-ST-ZIP CITY-ST-ZIP

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 eath; 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-04 Bate

Daytime Phone #