

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90061 027 \*\*\*\*61.25

<b>DOCUMENT # N09192</b>					
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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
STAR HOSPITALITY MANAGEMENT, INC. 6025 TAYLOR ROAD SUITE 2 PUNTA GORDA, FL 33950				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 <i>Pauline Hill</i> <b>CRM</b>				DATE <i>2-23-06</i>	
Filing Fee is \$61.25 Due by May 1, 2006				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	S	<input checked="" type="checkbox"/> Delete	TITLE	SEC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEIMSTEAD, LAMOINE		NAME	KRISTICH, CHARLES	
STREET ADDRESS	19505 QUESADA AVE. #QQ-201		STREET ADDRESS	88 LOWELL RD.	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948		CITY-ST-ZIP	KENMORE, KY 14217	
TITLE	V	<input type="checkbox"/> Delete	TITLE	DIR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAGE, EDWIN		NAME	RAYMOND CASHMAN	
STREET ADDRESS	19505 QUESADA #PP-203		STREET ADDRESS	19505 QUESADA AVE # AA 108	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948		CITY-ST-ZIP	PORT CHARLOTTE, FL 33948	
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PISANI, WILLIAM		NAME		
STREET ADDRESS	19505 QUESADA #00-102		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACE, REX		NAME		
STREET ADDRESS	19505 QUESADA #11-102		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRISTICH, CHARLES		NAME		
STREET ADDRESS	88 LOWELL RD.		STREET ADDRESS		
CITY-ST-ZIP	KENMORE, KY 14217		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>William Pisani</i>				Date <i>2-23-06</i> Daytime Phone # <i>743-3388</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	

