


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90063 040 ****61.25

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		
2. Principal Place of Business - No P.O. Box #		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	
5. Certificate of Status Desired <input type="checkbox"/>			8.75 Additional Fee Required		
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 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 <i>Raymond S. Hill, manager</i>			DATE <i>1-30-08</i>		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2008		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	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KRISTICH, CHARLES		NAME	THOMAS HUGHES	
STREET ADDRESS	19505 QUESADA AVE		STREET ADDRESS	19505 QUESADA AVE	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948		CITY-ST-ZIP	PORT CHARLOTTE, FL 33948	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IDE, RICHARD		NAME	THERESA RAIMONDI	
STREET ADDRESS	19505 QUESADA AVE		STREET ADDRESS	19505 QUESADA AVE	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948		CITY-ST-ZIP	PORT CHARLOTTE, FL 33948	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PISANI, WILLIAM		NAME	GERALD NELSON	
STREET ADDRESS	19505 QUESADA #00-102		STREET ADDRESS	19505 QUESADA AVE	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948		CITY-ST-ZIP	PORT CHARLOTTE, FL 33950	
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	STAYS THE SAME	CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASHMAN, RAYMOND		NAME	CASHMAN, RAYMOND	
STREET ADDRESS	19505 QUESADA AVE #AA108		STREET ADDRESS	SAME	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948		CITY-ST-ZIP	SAME	
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>Ray Wallace, Treas.</i>			Date <i>2-01-08</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		