

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09192

FILED
Feb 25, 2009
Secretary of State

Entity Name: THE OAKS IV CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

19505 QUESADA AVENUE
PORT CHARLOTTE, FL 33948

New Principal Place of Business:

Current Mailing Address:

19505 QUESADA AVENUE
PORT CHARLOTTE, FL 33948

New Mailing Address:

FEI Number: 59-2562067

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAR HOSPITALITY MANAGEMENT, INC.
6025 TAYLOR ROAD
SUITE 2
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

STAR HOSPITALITY MANAGEMENT, INC.
26530 MALLARD WAY
PUNTA GORDA, FL 33950 US

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: _____

02/25/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: HUGHES, THOMAS
Address: 19505 QUESADA AVE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: S () Delete
Name: RAIMOND, THERESA
Address: 19505 QUESADA AVE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: D () Delete
Name: NELSON, GERALD
Address: 19505 QUESADA AVE
City-St-Zip: PUNTA GORDA, FL 33950

Title: T () Delete
Name: WALLACE, REX
Address: 19505 QUESADA #II-102
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: P () Delete
Name: CASHMAN, RAYMOND
Address: 19505 QUESADA AVE #AA108
City-St-Zip: PORT CHARLOTTE, FL 33948

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WILSON, CHARLES
Address: 19505 QUESADA AVE
City-St-Zip: PUNTA GORDA, FL 33950

Title: T (X) Change () Addition
Name: PISANI, WILLIAM
Address: 19505 QUESADA AVENUE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: P (X) Change () Addition
Name: CASHMAN, RAYMOND
Address: 19505 QUESADA AVE NUE
City-St-Zip: PORT CHARLOTTE, FL 33948

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAYMOND CASHMAN

P

02/25/2009

Electronic Signature of Signing Officer or Director

Date