

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N09192 (8)
1. Corporation 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**

3. Date Incorporated or Qualified: **05/09/1985**
3a. Date of Last Report: **04/19/1995**

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number	Applied For
	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.		59-2562067	Not Applicable
22	City & State	27	City & State	5	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	Zip	28	Zip	6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	Country	29	Country	8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24		30				

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DEVINE, RONALD J
OAKS IV CONDOMINIUM ASSOCIATION INC
19505 QUESADA AVE
PT CHARLOTTE FL 33948**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Ronald J. Devine* **Manager for the Association** **4/15/96**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEROGINE, CARMEN J	1.2 NAME	James R Honisko
STREET ADDRESS	120 S POPLAR STREET	1.3 STREET ADDRESS	19505 Quesada Ave #1013
CITY-ST-ZIP	GIBBSTOWN NJ	1.4 CITY-ST-ZIP	Port Charlotte FL 33948
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HONISKO, JAMES R	2.2 NAME	Edwin E Lowrey
STREET ADDRESS	1650 MICHIGAN STREET APT 13	2.3 STREET ADDRESS	15 Charles St
CITY-ST-ZIP	MAUMEE OH	2.4 CITY-ST-ZIP	Bristol CT 06010
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIEPHART, ROGER A	3.2 NAME	Marion O Nelson
STREET ADDRESS	19505 QUESADA AVENUE #2911	3.3 STREET ADDRESS	19505 Quesada Ave #3114
CITY-ST-ZIP	PORT CHARLOTTE FL	3.4 CITY-ST-ZIP	Port Charlotte FL 33948
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWREY, EDWIN E	4.2 NAME	Roger A Liephart
STREET ADDRESS	15 CHARLES STREET	4.3 STREET ADDRESS	19505 Quesada Ave #2911
CITY-ST-ZIP	BRISTOL CT	4.4 CITY-ST-ZIP	Port Charlotte FL 33948
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, MARION O	5.2 NAME	Margaret Johnston
STREET ADDRESS	19505 QUESADA AVENUE #3114	5.3 STREET ADDRESS	General Delivery
CITY-ST-ZIP	PORT CHARLOTTE FL	5.4 CITY-ST-ZIP	Laurel Ont Canada LON 1L0
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James R. Honisko* **4/15/96** **(941) 255-5241**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E037 (12/95)