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Apr 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33948-2127
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3. Date Incorporated or Qualified 05/09/1985	3a. Date of Last Report 04/18/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip 25 Country	29 Zip 30 Country

4. FEI Number 59-2562067	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**DEVINE, RONALD J
OAKS IV CONDOMINIUM ASSOCIATION INC
19505 QUESADA AVE
PT CHARLOTTE FL 33948**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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** **4/18/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	HONISKO, JAMES R
STREET ADDRESS	19505 QUESADA AVE #1013
CITY-ST-ZIP	PT CHARLOTTE FL
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	LOWREY, EDWIN E
STREET ADDRESS	15 CHARLES ST
CITY-ST-ZIP	BRISTOL CT
TITLE	STD <input checked="" type="checkbox"/> DELETE
NAME	NELSON, MARION O
STREET ADDRESS	19505 QUESADA AVE #3114
CITY-ST-ZIP	PT CHARLOTTE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	LIEPHART, ROGER A.
STREET ADDRESS	19505 QUESADA AVE #2911
CITY-ST-ZIP	PT CHARLOTTE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	JOHNSTON, MARGARET
STREET ADDRESS	GENERAL DELIVERY
CITY-ST-ZIP	LAUREL ONT CA
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Charles B Boose
1.3 STREET ADDRESS	4944 Micandrea Dr
1.4 CITY-ST-ZIP	Syracuse NY 13215
2.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Stanley J Cyran, M.D.
2.3 STREET ADDRESS	6706 Foxcroft Rd
2.4 CITY-ST-ZIP	Prospect KY 40059-9420
3.1 TITLE	Secretary/Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Carmen J Perogine
3.3 STREET ADDRESS	383-47th Pl
3.4 CITY-ST-ZIP	Sea Isle NJ 08243
4.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Roger A Liephart
4.3 STREET ADDRESS	19505 Quesada Ave #2911
4.4 CITY-ST-ZIP	Port Charlotte FL 33948
5.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	LaMoine E Helmstead
5.3 STREET ADDRESS	800 Black Oak Rd
5.4 CITY-ST-ZIP	Eau Claire WI 54701
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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: *Charles B Boose* **Charles B. Boose, President** **4/18/97** **(315)469-5733**
Signature and typed or printed name of signing officer or director Date Daytime Phone # **0067962**

CR2E037 (9/96)