

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 24 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>19505 QUESADA AVENUE PORT CHARLOTTE FL 33948</b>	Mailing Address <b>19505 QUESADA AVENUE PORT CHARLOTTE FL 33948</b>
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3. Date Incorporated or Qualified <b>05/09/1985</b>	
4. FEI Number <b>59-2562067</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

**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 <b>Roger A. Liephart</b>		
82 Street Address (P.O. Box Number is Not Acceptable) <b>19505 Quesada Ave #2911</b>		
83		
84 City <b>Port Charlotte</b>	85 State <b>FL</b>	86 Zip Code <b>33948</b>

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: *Roger Liephart*, **Roger Liephart, Director** **APRIL 16, 1998**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>BOOSE, CHARLES B</b>	
STREET ADDRESS	<b>4944 MICANDREA DR</b>	
CITY- ST- ZIP	<b>SYRACUSE NY</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>CYRAN, STANLEY J</b>	
STREET ADDRESS	<b>6706 FOXCROFT RD</b>	
CITY- ST- ZIP	<b>PROSPECT KY 20</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>PEROGINE, CARMEN J</b>	
STREET ADDRESS	<b>383-47TH PL</b>	
CITY- ST- ZIP	<b>SEA ISLE NJ</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LIEPHART, ROGER A.</b>	
STREET ADDRESS	<b>19505 QUESADA AVE #2911</b>	
CITY- ST- ZIP	<b>PT CHARLOTTE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HEMSTEAD, LAMONE E</b>	
STREET ADDRESS	<b>800 BLACK OAK RD</b>	
CITY- ST- ZIP	<b>EAU CLAIRE WI</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
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 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: *Carmen J Perogine*, Sec/Treasurer 4/16/98 609-263-7218

CP2E037 (10/97)