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Apr 20, 1999 8:00 am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N09192

1. Corporation Name

THE OAKS IV CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

19605 QUESADA AVENUE
 PORT CHARLOTTE FL 33948

Mailing Address

19605 QUESADA AVENUE
 PORT CHARLOTTE FL 33948



| | | | |
|--------------------------------|---------------------|---|-----------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | 3. Date Incorporated or Qualified |
| 21 | Suite, Apt. #, etc. | 26 | 05/09/1985 |
| 22 | City & State | 27 | 4. FEI Number |
| 23 | Zip | 28 | 59-2562067 |
| 24 | Country | 29 | Applied For |
| 25 | Country | 30 | 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 | |

9. Name and Address of Current Registered Agent

LIEPHART, ROGER A.
 1905 QUESADA AVE #2911
 PT CHARLOTTE FL 33948

10. Name and Address of New Registered Agent

| | | |
|----|--|-------------------------|
| 81 | Name | Gerald T. Oravec |
| 82 | Street Address (P.O. Box Number is Not Acceptable) | OAKS IV CONDO ASSOC INC |
| 83 | City | 19505 Quesada Ave |
| 84 | City | Port Charlotte |
| 85 | Zip Code | FL 33948 |

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. **Gerald T. Oravec, Manager For the Association**

SIGNATURE: *Gerald T. Oravec* **Gerald T. Oravec** 4/15/99
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 | P <input type="checkbox"/> DELETE | 1.1 TITLE | P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BOOSE, CHARLES B | 1.2 NAME | LaMoine E Heimstead |
| STREET ADDRESS | 4944 MICANDREA DR | 1.3 STREET ADDRESS | 800 Black Oak Rd |
| CITY-ST-ZIP | SYRACUSE NY | 1.4 CITY-ST-ZIP | Eau Claire WI 54701 |
| TITLE | VP <input type="checkbox"/> DELETE | 2.1 TITLE | VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CYRAN, STANLEY J | 2.2 NAME | Stanley J Cyran |
| STREET ADDRESS | 6706 FOXCROFT RD | 2.3 STREET ADDRESS | 6706 Foxcroft Rd |
| CITY-ST-ZIP | PROSPECT KY 20 | 2.4 CITY-ST-ZIP | Prospect KY 40059-9420 |
| TITLE | ST <input type="checkbox"/> DELETE | 3.1 TITLE | ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PEROGINE, CARMEN J | 3.2 NAME | Carmen J Perogine |
| STREET ADDRESS | 383-47TH PL | 3.3 STREET ADDRESS | 383-47th Pl |
| CITY-ST-ZIP | SEA ISLE NJ | 3.4 CITY-ST-ZIP | Sea Isle City NJ 08243 |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LIEPHART, ROGER A. | 4.2 NAME | Charles B Boose |
| STREET ADDRESS | 19505 QUESADA AVE #2911 | 4.3 STREET ADDRESS | 4944 Micandrea Dr |
| CITY-ST-ZIP | PT CHARLOTTE FL | 4.4 CITY-ST-ZIP | Syracuse NY 13215 |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HEIMSTEAD, LAMOINE E | 5.2 NAME | Charles E Wilson |
| STREET ADDRESS | 800 BLACK OAK RD | 5.3 STREET ADDRESS | 4214 Ball Ave |
| CITY-ST-ZIP | EAU CLAIRE WI | 5.4 CITY-ST-ZIP | Muncie IN 47304 |
| 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 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, with all other like empowered.

SIGNATURE: *Carmen J. Perogine* **Carmen J. Perogine** 4/14/99 (715) 835-3516
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CDEN27-14108