

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90097 009 ****61.25

DOCUMENT # N09192

1. Entity Name

THE OAKS IV CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

19505 QUESADA AVENUE
 PORT CHARLOTTE FL 33948

19505 QUESADA AVENUE
 PORT CHARLOTTE FL 33948-2127

940291



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2562067

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~ORAVEC, GERALD T~~
 19505 QUESADA AVE
 PT CHARLOTTE FL 33948

Name

Terry L Duvall

Street Address (P.O. Box Number is Not Acceptable)

19505 Quesada Ave

City

Port Charlotte

FL

Zip Code
33948

8. 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

Terry L Duvall
 Signature, typed or printed name of registered agent and title if applicable.

Terry L Duvall,
 Manager For the Association

4/17/2000

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	HEIMSTED, LAMOINE E	
STREET ADDRESS	800 BLACK OAK RD.	
CITY-ST-ZIP	EAU CLAIRE WI 54701	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CYRAN, STANLEY J	
STREET ADDRESS	6706 FOXCROFT RD	
CITY-ST-ZIP	PROSPECT KY 20	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	PEROGINE, CARMEN J	
STREET ADDRESS	383-47TH PL	
CITY-ST-ZIP	SEA ISLE NJ 08243	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOOSE, CHARLES B	
STREET ADDRESS	4944 MICANDREA DR.	
CITY-ST-ZIP	SYRACUSE NY 13215	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILSONS, CHARLES E	
STREET ADDRESS	4214 BALL AVE	
CITY-ST-ZIP	MUNCIE IN 47304	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John P Hubach	
STREET ADDRESS	35250 Greenwich Ave	
CITY-ST-ZIP	N. Ridgeville OH 44039	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles E Wilson	
STREET ADDRESS	4214 Ball Ave	
CITY-ST-ZIP	Muncie IN 47304	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas F Howard	
STREET ADDRESS	13092 Sikkema Dr	
CITY-ST-ZIP	Grand Haven MI 49417	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lamoine Heimstead*

LAMOINE E Heimstead
 President,

4/17/2000

(941) 743-3388

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)