

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

0070432

DOCUMENT # N09192

1. Entity Name

THE OAKS IV CONDOMINIUM ASSOCIATION, INC.

04-26-2001 90235 028 ****61.25

Principal Place of Business

19505 QUESADA AVENUE
 PORT CHARLOTTE FL 33948

Mailing Address

19505 QUESADA AVENUE
 PORT CHARLOTTE FL 33948



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

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

~~DUVALL, TERRY L.~~
 19505 QUESADA AVE
 PT CHARLOTTE FL 33948

Name

Ronald L. Denison

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

19505 Quesada Ave

City

Port Charlotte FL

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

Ronald L. Denison, Manager for the Assoc 4/19/01

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

(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 Delete
 NAME HEIMSTEAD, LAMOINE E
 STREET ADDRESS 800 BLACK OAK RD.
 CITY-ST-ZIP EAU CLAIRE WI 54704

TITLE Change Addition
 NAME
 STREET ADDRESS 832 Kari Dr
 CITY-ST-ZIP Eau Claire WI 54701

TITLE VP Delete
 NAME CYRAN, STANLEY J
 STREET ADDRESS 6706 FOXCROFT RD
 CITY-ST-ZIP PROSPECT KY 20

TITLE VP Change Addition
 NAME FERRARA, ARMOND L
 STREET ADDRESS 176 Ellisdale Rd
 CITY-ST-ZIP Allentown NJ 08501-1805

TITLE T Delete
 NAME HUBACH, JOHN P
 STREET ADDRESS 35250 GREENWICH AVE
 CITY-ST-ZIP NORTH RIDGEVILLE OH 44039

TITLE D Change Addition
 NAME HUBACH, JOHN P
 STREET ADDRESS 35250 Greenwich Ave
 CITY-ST-ZIP N Ridgeville OH 44039

TITLE D Delete
 NAME BOOSE, CHARLES B
 STREET ADDRESS 4944 MICANDREA DR.
 CITY-ST-ZIP SYRACUSE NY 13215

TITLE THOMAS F HOWARD Change Addition
 NAME
 STREET ADDRESS 13092 Sikkema Dr
 CITY-ST-ZIP Grand Haven MI 49417

TITLE D Delete
 NAME WILSONS, CHARLES E
 STREET ADDRESS 4214 BALL AVE
 CITY-ST-ZIP MUNCIE IN 47304

TITLE T Change Addition
 NAME CYRAN, MARY ELLEN
 STREET ADDRESS 6706 Foxcroft Rd
 CITY-ST-ZIP Prospect KY 40059

TITLE S Delete
 NAME WILSON, CHARLES E
 STREET ADDRESS 4214 BALL AVE
 CITY-ST-ZIP MUNCIE IN 47304

TITLE Change 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:

President, LaMoine E. Heimstead 4/19/01 (941)743-3388

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)