

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766678

FILED
Apr 09, 2009
Secretary of State

Entity Name: THE OAKS UNIT IV CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

7001 TEMPLE TERRACE
UNIVERSITY PROPERTIES
TEMPLE TERRACE, FL 33637 US

New Principal Place of Business:

7001 TEMPLE TERRACE HWY
TEMPLE TERRACE, FL 33637 US

Current Mailing Address:

7001 TEMPLE TERRACE
UNIVERSITY PROPERTIES
TEMPLE TERRACE, FL 33637 US

New Mailing Address:

FEI Number: 59-2390476 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LERNER, PATRICIA L
420 W PLATT ST
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

LEIB, PATRICIA L
420 W PLATT ST
TAMPA, FL 33606 US

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: PATRICIA LEIB

04/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PICCIRILLI, ROBERT
Address: 14014 N. 46TH STREET
City-St-Zip: TAMPA, FL

Title: SD () Delete
Name: SAUSAMAN, GREGORY
Address: 2607 BROKEN TRACE LANE
City-St-Zip: VALRICO, FL 33594

Title: VP () Delete
Name: HARRGAN, ROBERT
Address: 19113 CYPRESS DR
City-St-Zip: LUTZ, FL 33558

Title: DS (X) Delete
Name: PARKEN, TODD
Address: 14221 SHADOW MOSS LANE 202
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: PARKER, TODD
Address: 14221 SHADOW MOSS LANE #202
City-St-Zip: TAMPA, FL 33613

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT PICCIRILLI

PRES

04/09/2009

Electronic Signature of Signing Officer or Director

Date