

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90065 025 ****61.25

DOCUMENT # N09192 1. Entity Name THE OAKS IV CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 19505 QUESADA AVENUE PORT CHARLOTTE, FL 33948			Mailing Address 19505 QUESADA AVENUE PORT CHARLOTTE, FL 33948		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BECKER & POLIAKOFF, P.A. 630 SOUTH ORANGE AVENUE, 3RD FLOOR SARASOTA, FL 34236				7. Name and Address of New Registered Agent Name STAR HOSPITALITY MANAGEMENT, INC Street Address (P.O. Box Number is Not Acceptable) 6025 TAYLOR ROAD Suite 2 City Punta Gorda FL Zip Code 33950	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>William P. Pisan</i></u> Vice President <u>2/8/05</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HEIMSTEAD, LAMOINE 19505 QUESADA AVE. #QQ-201 PORT CHARLOTTE, FL 33948	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HEIMSTEAD, LAMOINE #QQ-201 19505 QUESADA AVE. #QQ-201 PORT CHARLOTTE, FL 33948 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S YATES, NORMA 19505 QUESADA AVE #SS 103 PORT CHARLOTTE, FL 33948 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP. EDWIN PAGE 19505 QUESADA AVE #PP-203 PORT CHARLOTTE, FL 33948 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP PISANI, WILLIAM 19505 QUESADA #00-102 PORT CHARLOTTE, FL 33948 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT PISANI, WILLIAM 19505 QUESADA AVE #00-102 PORT CHARLOTTE, FL 33948 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CYRAN, MARY ELLEN 6706 FOXCROFT ROAD PROSPECT, KY 40059 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REX WALLACE 19505 QUESADA AVE #II-102 PORT CHARLOTTE, FL 33948 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRISTION, CHARLES 88 LOWELL RD. KENMORE, KY 14217 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	KRISTICH, CHARLES LAST NAME CORRECTION ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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: <u><i>William Pisan</i></u> William Pisan <u>2-11-05</u> <u>941-629-3683</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # President					

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