


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90054 017 \*\*\*\*61.25

<b>DOCUMENT # N09192</b> 1. Entity Name <b>THE OAKS IV CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>19505 QUESADA AVENUE PORT CHARLOTTE, FL 33948</b>			Mailing Address <b>19505 QUESADA AVENUE PORT CHARLOTTE, FL 33948</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2562067</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>STAR HOSPITALITY MANAGEMENT, INC. 6025 TAYLOR ROAD SUITE 2 PUNTA GORDA, FL 33950</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				DATE <b>1-26-07</b>	
SIGNATURE <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				<small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KRISTICH, CHARLES <input type="checkbox"/> Delete 88 LOWELL ROAD KENMORE, NY 14217				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PAGE, EDWIN <input checked="" type="checkbox"/> Delete 19505 QUESADA #PP-203 PORT CHARLOTTE, FL 33948				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PISANI, WILLIAM <input type="checkbox"/> Delete 19505 QUESADA #00-102 PORT CHARLOTTE, FL 33948				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WALLACE, REX <input type="checkbox"/> Delete 19505 QUESADA #HI-102 PORT CHARLOTTE, FL 33948				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRISTICH, CHARLES <input checked="" type="checkbox"/> Delete 88 LOWELL RD. KENMORE, KY 14217				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASHMAN, RAYMOND <input type="checkbox"/> Delete 19505 QUESADA AVE #AA108 PORT CHARLOTTE, FL 33948				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KRISTICH, CHARLES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19505 QUESADA AVE PORT CHARLOTTE, FL 33948				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	I.D.E, RICHARD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 19505 QUESADA AVE PORT CHARLOTTE, FL 33948				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> <i>[Signature]</i> <b>1-26-07</b> <b>941-743-3388</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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