2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09192

FILED Feb 25, 2009 Secretary of State

Entity Name: THE OAKS IV CONDOMINIUM ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 19505 QUESADA AVENUE PORT CHARLOTTE, FL 33948 **Current Mailing Address: New Mailing Address:** 19505 QUESADA AVENUE PORT CHARLOTTE, FL 33948 FEI Number: 59-2562067 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STAR HOSPITALITY MANAGEMENT, INC. STAR HOSPITALITY MANAGEMENT, INC. 6025 TAYLOR ROAD 26530 MALLARD WAY PUNTA GORDA, FL 33950 SUITE 2 US PUNTA GORDA, FL 33950 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: 02/25/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition HUGHES, THOMAS Name: Name: 19505 QUESADA AVE Address: Address: City-St-Zip: PORT CHARLOTTE, FL 33948 City-St-Zip: Title: () Delete Title: () Change () Addition RAIMOND, THERESA Name: Name: Address: 19505 QUESADA AVE Address: City-St-Zip: PORT CHARLOTTE, FL 33948 City-St-Zip: Title: () Delete Title: (X) Change () Addition NELSON, GERALD Name: WILSON, CHARLES Name: 19505 QUESADA AVE 19505 QUESADA AVE Address: Address: City-St-Zip: PUNTA GORDA, FL 33950 City-St-Zip: PUNTA GORDA, FL 33950 Title: () Delete Title: (X) Change () Addition WALLACE, REX Name: Name: PISANI, WILLIAM 19505 QUESADA #II-102 19505 QUESADA AVENUE Address: Address: City-St-Zip: PORT CHARLOTTE, FL 33948 City-St-Zip: PORT CHARLOTTE, FL 33948 Title: () Delete Title: (X) Change () Addition CASHMAN, RAYMOND CASHMAN, RAYMOND Name: Name: 19505 QUESADA AVE #AA108 19505 QUESADA AVE NUE Address: Address: City-St-Zip: PORT CHARLOTTE, FL 33948 City-St-Zip: PORT CHARLOTTE, FL 33948

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: RAYMOND CASHMAN P 02/25/2009