


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90092 006 \*\*\*\*61.25

<b>DOCUMENT # N36715</b> 1. Entity Name <b>OAK HARBOUR CONDOMINIUM IV ASSOCIATION, INC.</b>					
Principal Place of Business <b>DICKINSON MANAGEMENT 400 TONEY PENNA DRIVE JUPITER, FL 33458 US</b>			Mailing Address <b>C/O DICKINSON MANAGEMENT 400 TONEY PENNA DRIVE JUPITER, FL 33458 US</b>		
2. Principal Place of Business - No P.O. Box # <b>C/O PRIME MANAGEMENT</b>		3. Mailing Address <b>C/O PRIME MANAGEMENT</b>			
Suite, Apt. #, etc. <b>2074 W. INDIANTOWN RD #200</b>		Suite, Apt. #, etc. <b>2074 W. INDIANTOWN RD #200</b>			
City & State <b>JUPITER, FL</b>		City & State <b>JUPITER, FL</b>			
Zip <b>33458</b>		Country <b>US</b>		4. FEI Number <b>65-0177415</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>TAGUE, JOHN C/O PRIME MANAGEMENT 400 TONEY PENNA DRIVE JUPITER, FL 33458</b>			7. Name and Address of New Registered Agent Name <b>TAGUE, JOHN</b> Street Address (P.O. Box Number is Not Acceptable) <b>C/O PRIME MANAGEMENT 2074 W. INDIANTOWN RD SUITE 200 JUPITER, FL 33458</b>		
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  (NOTE: Registered Agent signature required when reinstating) <span style="float: right;">DATE <b>3/1/07</b></span>					
<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>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GAMES, DEVERE 844 OAK HARBOUR DRIVE JUNO BEACH, FL 33408	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SAVAGE, CAROLYN 833 OAK HARBOUR DRIVE JUNO BEACH, FL 33408	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V D'ACOSTINO, LEONARD 814 OAK HARBOUR DRIVE JUNO BEACH, FL 33408	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRYMAN, KEN 828 OAK HARBOUR DRIVE JUNO BEACH, FL 33408	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, ELAINE 825 OAK HARBOUR DRIVE JUNO BCH, FL 33408	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<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>  <span style="float: right;">02/23/07</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <span style="float: right;"><small>Date</small></span> <span style="float: right;"><small>Daytime Phone #</small></span>					