

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 739497 (6)

1. Corporation Name

THE OAK DOORS, INC., A CONDOMINIUM



Principal Place of Business

Mailing Address

301 87TH AVE.
ST PETE BCH FL 33706
USC/O QUALITY MGMT. SERVICE
PO BOX 66245
ST PETE BEACH FL 33736-6245

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/28/1977

3a. Date of Last Report

07/11/1996

4. FEI Number

59-2262963

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☒ Yes☐ No

10. Name and Address of New Registered Agent

SCHNOOR, FRANK
C/O QUALITY MGMT SERV.
7217 GULF BLVD. STE 6
ST PETE BCH. FL 33706

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DT	<input type="checkbox"/> DELETE
NAME	HOUGH, DORIS	
STREET ADDRESS	PO BOX 500 N/A	
CITY-ST-ZIP	NOBLETON FL 34861	

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HELIASZ, FRANK	
STREET ADDRESS	301 87TH AVE. #306	
CITY-ST-ZIP	ST PETE BCH FL 33706	

2.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LITTREL, TERRY	
2.3 STREET ADDRESS	13917 75th Terrace No	
2.4 CITY-ST-ZIP	Seminola, FL 34646	

TITLE	D	<input type="checkbox"/> DELETE
NAME	KASLAS, STANLEY	
STREET ADDRESS	301 87TH AVE, #304	
CITY-ST-ZIP	ST PETERSBURG BCH FL	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	ARTHUR, BARBARA	
STREET ADDRESS	301 87TH AVE., #303	
CITY-ST-ZIP	ST PETE BEACH FL	

4.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JOHNSON, SUE	
4.3 STREET ADDRESS	301 87th Ave. #205	
4.4 CITY-ST-ZIP	St. Pete Beach, FL 33706	

TITLE	DS	<input type="checkbox"/> DELETE
NAME	WILLIAMS, JEAN	
STREET ADDRESS	301 87TH AVE. #102	
CITY-ST-ZIP	ST. PETERSBURG BCH., F	

5.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	BEATY, ALENE	
STREET ADDRESS	301 87TH AVE. #103	
CITY-ST-ZIP	ST PETE BCH FL 33706	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/97

367 4582

Daytime Phone # 0051415

CR2E037 (9/96)