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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 739497

1. Corporation Name
THE OAK DOORS, INC., A CONDOMINIUM

Principal Place of Business
**301 87TH AVE.
 ST PETE BCH FL 33706
 US**

Mailing Address
**C/O QUALITY MGMT. SERVICE
 PO BOX 66245
 ST PETE BEACH FL 33706**



| | | | | | |
|--------------------------------|--|---------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | | 06/28/1977 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 59-2262963 | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | |
| 23 | | 28 | | \$8.75 Additional Fee Required | |
| Zip | | Country | | 6. Election Campaign Financing <input type="checkbox"/> | |
| 24 | | 25 | | 29 | |
| 25 | | 29 | | 30 | |
| 29 | | 30 | | Trust Fund Contribution <input type="checkbox"/> | |
| 29 | | 30 | | \$5.00 May Be Added to Fees | |

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 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 | | | |

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|----------------------------|------------------------|--|---|-------------------------|--|
| TITLE | DP | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | C/P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HOUGH, DORIS | | 1.2 NAME | KOWALCZYK, IRENA | |
| STREET ADDRESS | PO BOX 500 N/A | | 1.3 STREET ADDRESS | 301 87th Ave. Unit #206 | |
| CITY-ST-ZIP | NOBLETON FL | | 1.4 CITY-ST-ZIP | ST. PETE BEACH, FL | |
| TITLE | DT | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FERRITER, BARBARA | | 2.2 NAME | | |
| STREET ADDRESS | 301 87TH AVE UNIT 106 | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ST PETE BCH FL | | 2.4 CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> DELETE | 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KASLAS, STANLEY | | 3.2 NAME | | |
| STREET ADDRESS | 301 87TH AVE, #304 | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ST PETERSBURG BCH FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | DV | <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ARTHUR, BARBARA | | 4.2 NAME | | |
| STREET ADDRESS | 301 8TH AVE UNIT 303 | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ST. PETER BEACH FL | | 4.4 CITY-ST-ZIP | | |
| TITLE | DS | <input type="checkbox"/> DELETE | 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILLIAMS, JEAN | | 5.2 NAME | | |
| STREET ADDRESS | 301 87TH AVE. #102 | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ST. PETERSBURG BCH., F | | 5.4 CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE | 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE: Katherine Harris 4-23-99 727.367.5270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)