


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90204 032 ****61.25

DOCUMENT # 739497

1. Entity 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 33736

60030743



2. Principal Place of Business		3. Mailing Address		01142006	Chg-NP	CR2E037 (11/05)
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number	Applied For	
Zip		Country		59-2262963	Not Applicable	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
SCHNOOR, FRANK C/O QUALITY MGMT SERV. 7217 GULF BLVD. STE 6 ST PETE BCH., FL 33706				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				FL	Zip Code

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

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
---	--	------------------------------------	--

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DS	<input checked="" type="checkbox"/> Delete		TITLE	D/T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DUFFY, ELIZABETH			NAME	KELL, BRENDA		
STREET ADDRESS	301 87TH AVE. UNIT #105			STREET ADDRESS	301 87th Ave. Unit #103		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33706			CITY-ST-ZIP	St Pete Beach, Fl 33706		
TITLE	DP	<input checked="" type="checkbox"/> Delete		TITLE	D/S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HELIASZ, FRANK			NAME	CREPEAU, Jeanne		
STREET ADDRESS	301 87T HAVENUE -UNIT #306			STREET ADDRESS	301 87th ave. Unit #102		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33706			CITY-ST-ZIP	St. Petè Beach, FL 33706		
TITLE	DT	<input checked="" type="checkbox"/> Delete		TITLE	D/P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	FERRITER, BARBARA			NAME	ONESSIMO, LISA		
STREET ADDRESS	301 87TH AVE. #106			STREET ADDRESS	P.O. BOX 9606		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33706			CITY-ST-ZIP	Treas. Isld, Fl 33706		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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.

SIGNATURE: *Brenda Kell* **BRENDA KELL** 7/21/06 367-5270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #