
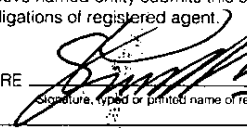
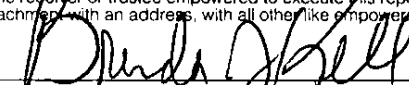


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90141 017 \*\*\*\*61.25

<b>DOCUMENT # 739497</b>			
1. Entity Name THE OAK DOORS, INC., A CONDOMINIUM			
Principal Place of Business 301 87TH AVENUE ST PETE BEACH, FL 33706 US		Mailing Address C/O CONDO MGT PLUS, INC. PO BOX 86507 MADEIRA BEACH, FL 33738-6507	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>RCM Prop. MGMT</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>PO BOX 47367</i>	
City & State		City & State <i>ST. PETERSBURG, FL</i>	
Zip	Country	Zip	Country
		<i>33743</i>	<i>PINELLAS</i>
4. FEI Number 59-2262963		Applied For 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	
ONESSIMO, LISA 301 87TH AVENUE, UNIT 205 ST PETE BEACH, FL 33706		Name <i>RANDY MOODY</i> Street Address (P.O. Box Number is Not Acceptable) <i>6157 31ST AVENUE NORTH</i> City <i>ST. PETERSBURG</i> FL Zip Code <i>33710</i>	
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 		DATE <i>04-19-2008</i>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ONESSIMO, LISA 301 87TH AVE UNIT 205 ST PETE BEACH, FL 33706 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KELL, BRENDA 301 87TH AVE UNIT 103 ST PETE BEACH, FL 33706 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CREPEAU, JEANNE 1878 ELAINE DRIVE CLEARWATER, FL 337601403 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SECRETARY / TREASURER</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>CREPEAU, JEANNE</i> <i>SAME ADDRESS</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.			
SIGNATURE: 		Date: <i>4-21-2008</i> Daytime Phone #: <i>727-515-4653</i>	