

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 739497 (6)**  
 1. Corporation Name  
**THE OAK DOORS, INC., A CONDOMINIUM**



Principal Place of Business P O BOX 66245 ST PETE BCH FL 33736 US	Mailing Address 13030 GULF BLVD. MADEIRA BEACH FL 33708
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2. Principal Place of Business 21 301 87th Avenue Suite, Apt. #, etc. 22 City & State 23 St. Pete Beach, FL Zip 24 33706	2a. Mailing Address 26 c/o Quality Mgmt Serv Suite, Apt. #, etc. 27 P.O. BOX 66245 City & State 28 St. Pete Beach, FL Zip 29 33736	3. Date Incorporated or Qualified 06/28/1977	3a. Date of Last Report 03/29/1995	4. FEI Number 59-2262963	Applied For <input type="checkbox"/> Not Applicable
25 Pinellas	30 Pinellas	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent TOTAL REALTY SERVICES, INC. 13030 GULF BOULEVARD MADEIRA BEACH FL 33708		10. Name and Address of New Registered Agent 81 Name Frank Schnoor 82 Street Address (P.O. Box Number is Not Acceptable) c/o Quality Mgmt Serv 83 7217 Gulf Blvd, Ste 6 84 City St. Pete Beach FL 85 Zip Code 33706			

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: *Frank Schnoor* Frank Schnoor DATE: 6-18-96  
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 NAME STREET ADDRESS CITY-ST-ZIP	DS HOUGH, DORIS 301 87TH AVE. #101 ST PETE BEACH FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DT Doris Hough Hill P.O. 30X 500 (N/A) Nobleton, FL 34661 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STERNBERG, GLORIA 301-87TH AVE., #202 ST PETERSBURG BCH FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D Frank Heliasz 301 87th Ave. Unit #306 St. Pete Beach, FL 33706 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KASLAS, STANLEY 301 87TH AVE, #304 ST PETERSBURG BCH FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ARTHUR, BARBARA 301 87TH AVE., #303 ST PETE BEACH FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	DP 400001892404 -07/12/96--01062--012 ***61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WILLIAMS, JEAN 301 87TH AVE. #102 ST. PETERSBURG BCH., F <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LITRELL, TERRY 301 8TH AVE., #301 ST PETE BEACH FL <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D Beaty, Alene 301 87th Ave. #103 St. Pete Beach, FL 33706 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Barbara J. Arthur* DATE: 6-18-96 DAYTIME PHONE: 813-360-5930  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/96)