

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90020 038 ****61.25

DOCUMENT # 739497

1. Entity Name

THE OAK DOORS, INC., A CONDOMINIUM

Principal Place of Business

Mailing Address

301 87TH AVE.
 ST PETE BCH FL 33706
 US

C/O QUALITY MGMT. SERVICE
 PO BOX 66245
 ST PETE BEACH FL 33736-6245

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2262963

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

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.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** Delete
 NAME **KOWALCZYK, IRENA**
 STREET ADDRESS **301 87TH AVE., UNIT 206**
 CITY-ST-ZIP **ST PETE BCH FL**

TITLE **DS** Change Addition
 NAME **DUFFY, ELIZABETH**
 STREET ADDRESS **301 87th AVE. UNIT #105**
 CITY-ST-ZIP **ST. PETE BEACH, FL 33706**

TITLE **D** Delete
 NAME **KASLAS, STANLEY**
 STREET ADDRESS **301 87TH AVE, #304**
 CITY-ST-ZIP **ST PETERSBURG BCH FL**

TITLE **DT** Change Addition
 NAME **WOOD, JOANNE**
 STREET ADDRESS **301 87th AVE. UNIT #206**
 CITY-ST-ZIP **ST. PETE BEACH, FL 33706**

TITLE **DS** Delete
 NAME **WILLIAMS, JEAN**
 STREET ADDRESS **301 87TH AVE. #102**
 CITY-ST-ZIP **ST. PETERSBURG BCH., F**

TITLE **D** Change Addition
 NAME **FERRITER, BARBARA**
 STREET ADDRESS **301 87th AVE. UNIT #106**
 CITY-ST-ZIP **ST. PETE BEACH, FL 33706**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DP** Change Addition
 NAME **WILLIAMS, JEAN**
 STREET ADDRESS **301 87th AVE. UNIT #102**
 CITY-ST-ZIP **ST. PETE BEACH, FL 33706**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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: _____

Signature of Jean D. Williams
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JEAN D. WILLIAMS

2/25/00
 Date

727
367-5270
 Daytime Phone #

CR2E037 (9/99)