2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 135728

Entity Name: BATH AND TENNIS CLUB, INC.

FILED Jan 11, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1170 S OCEAN BLVD PO BOX 2555 PALM BCH, FL 33480				1170 S OCEAN BLVD PALM BCH, FL 33480	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
1170 S OCE PO BOX 25 PALM BCH	55				
FEI Number:	59-0156870	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
BEALL, KENNETH S. J 777 S. FLAGLER DR SUITE 500E WEST PALM BEACH, FL 33400 US 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.					
SIGNATUR		ic Signature of Registered Agent		Date	
Election Cam		Trust Fund Contribution ().	•	Batto	
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
Title: Name: Address: City-St-Zip:	D () ZUVER, DICK 212 SEASPRAY PALM BEACH, F		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () MASCHMEYER 153 KINGS ROA PALM BEACH, F	AD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () BEALL, KENNE 744 ISLAND DR PALM BEACH, F		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PD () MURRAY, NANO 249 MONTEREY PALM BEACH, F	/ RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () WIDEMAN, FLC 260 EL DORAD PALM BEACH, F	O LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () LICKLE, WILLIA 568 ISLAND DR PALM BEACH, F	·	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MRS. NANCY MURRAY PRES 01/11/2007