

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

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**DOCUMENT # 718170**

1. Corporation Name

**THE BATH CLUB, INC.**

Principal Place of Business

5937 COLLINS AVE  
MIAMI BEACH FL 33140  
US

Mailing Address

5937 COLLINS AVE  
MIAMI BEACH FL 33140  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

04/08/1927

4. FEI Number

59-0156860

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

HELMAN, JAMES R  
5937 COLLINS AVE  
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
JAMES R HELMAN  
STREET ADDRESS 5201 LA GORCE DR  
CITY-ST-ZIP MIAMI BCH FL

TITLE ☐ DELETE

NAME VD  
ALHADEFF, E R  
STREET ADDRESS 150 W FLAGLER ST, #220  
CITY-ST-ZIP MIAMI FL 33130

TITLE ☒ DELETE

NAME VD  
GILLELAND-MENDEZ, CAROLYN  
STREET ADDRESS 5661 PINE TREE DR  
CITY-ST-ZIP MIAMI BCH FL 33140

TITLE ☐ DELETE

NAME VD  
GALLAGHER, PHIL C  
STREET ADDRESS 3050 BISCAYNE BLVD, #412  
CITY-ST-ZIP MIAMI FL 33137

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME DIRECTOR  
HARRINGTON, STEPHEN  
1.3 STREET ADDRESS PO BOX 013901  
1.4 CITY-ST-ZIP MIAMI FL 33101

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME DIRECTOR  
SETLIN, HOWARD  
2.3 STREET ADDRESS 1717 N BAYSHORE SUITE 3433  
2.4 CITY-ST-ZIP MIAMI FL 33132

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME DIRECTOR  
THOMPSON, JANE SCHUH  
3.3 STREET ADDRESS 71 LA GORCE CIRCLE  
3.4 CITY-ST-ZIP MIAMI BEACH FL 33140

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)