

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90047 036 ****61.25

DOCUMENT # 718170 1. Entity 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HELMAN, JAMES R 5937 COLLINS AVE MIAMI BEACH, FL 33140				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input type="checkbox"/> Delete	TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	JAMES R HELMAN	NAME	Michael O'Neil		
STREET ADDRESS	5201 LA GORCE DR	STREET ADDRESS	6601 Roxbury Lane		
CITY-ST- ZIP	MIAMI BCH, FL	CITY-ST- ZIP	Miami FL 33141		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FLEMING, JOSEPH	NAME			
STREET ADDRESS	34 LA GORCE CIR	STREET ADDRESS			
CITY-ST- ZIP	MIAMI BEACH, FL 33141	CITY-ST- ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BISCHOFF, DOUGLAS K	NAME			
STREET ADDRESS	9879 NE 113 AVENUE	STREET ADDRESS			
CITY-ST- ZIP	MIAMI SHORES, FL 33138	CITY-ST- ZIP			
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GALLAGHER, PHIL C	NAME			
STREET ADDRESS	3050 BISCAYNE BLVD, #412	STREET ADDRESS			
CITY-ST- ZIP	MIAMI, FL 33137	CITY-ST- ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SETLIN, HOWARD	NAME			
STREET ADDRESS	1717 N. BAYSHORE, SUITE 3433	STREET ADDRESS			
CITY-ST- ZIP	MIAMI, FL 33132	CITY-ST- ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GILLELAND, CAROLYN	NAME			
STREET ADDRESS	5661 PINE TREE DR	STREET ADDRESS			
CITY-ST- ZIP	MIAMI BEACH, FL 33140	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: _____ <i>James R Helman, President</i> 1/13/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small> _____ <small>Daytime Phone #</small> 205 866 1689					