
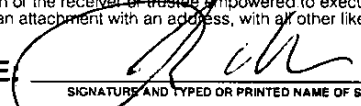


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90241 026 ****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	4. FEI Number 59-0156860	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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 JAMES R HELMAN <input type="checkbox"/> Delete		TITLE	D EDWARD QUINTON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	5201 LA GORCE DR		NAME	457 NE 96 STREET	
STREET ADDRESS	MIAMI BCH, FL		STREET ADDRESS	MIAMI SHORES FL 33138	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D FLEMING, JOSEPH <input checked="" type="checkbox"/> Delete		TITLE	D ALLEN KELLEY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	34 LA GORCE CIR		NAME	720 NE 101 STREET	
STREET ADDRESS	MIAMI BEACH, FL 33141		STREET ADDRESS	MIAMI SHORES, FL 33138	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D O'NEIL, MICHAEL <input checked="" type="checkbox"/> Delete		TITLE		
NAME	6601 ROXBURY LANE		NAME		
STREET ADDRESS	MIAMI, FL 33141		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D SETLIN, HOWARD <input type="checkbox"/> Delete		TITLE		
NAME	1717 N. BAYSHORE, SUITE 3433		NAME		
STREET ADDRESS	MIAMI, FL 33132		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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  James R Helman, President 305.866.1621					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					