

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **726296** (7)
1. Corporation Name
THE GABLES BATH CLUB APARTMENTS, INC.



Principal Place of Business: **700 CORAL WAY CORAL GABLES FL 33134**
Mailing Address: **700 CORAL WAY CORAL GABLES FL 33134**

3. Date Incorporated or Qualified: **05/01/1973**
3a. Date of Last Report: **04/27/1995**
4. FEI Number: **59-1567217**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
2a. Mailing Address
25 Suite, Apt. #, etc.
26 City & State
27 Zip
28 Country
29

9. Name and Address of Current Registered Agent
**KALICHE, ANTHONY A., ESQ.
BECKER, POLIAKOFF, STREITFELD, P.A.
3111 STIRLING ROAD
FORT LAUDERDALE FL 33312-6525**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: _____ DATE: _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when transferring)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GOLDSTEIN, LEONARD	
STREET ADDRESS	700 CORAL WAY	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BECK, HAROLD	
STREET ADDRESS	700 CORAL WAY	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ANDREWS, JOHN	
STREET ADDRESS	700 CORAL WAY	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LOUSSINIAN, EDUARDO	
STREET ADDRESS	700 CORAL WAY	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	ELLIOTT, CAROL	
STREET ADDRESS	700 CORAL WAY	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BECK, VIVIAN	
STREET ADDRESS	700 CORAL WAY	
CITY-ST-ZIP	CORAL GABLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Elliott, Donald	
13 STREET ADDRESS	700 Coral Way	
14 CITY-ST-ZIP	Coral Gables, Fl.	
21 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Salomon, Adrian	
23 STREET ADDRESS	700 Coral Way	
24 CITY-ST-ZIP	Coral Gables, Fl.	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *John E Andrews* **3-11-96** **305-446-1270**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)