FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 21 1997 8:00am

Secretary of State

(9<u>6</u>/6)

305-446-1274

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

CORAL GABLES FL 33134

700 CORAL WAY

726296

(7)

CORAL GABLES FL 33134-4890

SIGNATURE PEQUIRED

Mailing Address

700 CORAL WAY

THE GABLES BATH CLUB APARTMENTS, INC.

3. Date Incorporated or Qualified 05/01/1973 3a. Date of Last Report 03/15/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1567217 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 61 Name KALLICHE, ANTHONY A., ESQ. Street Address (P.O. Box Number is Not Acceptable) 82 BECKER, POLIAKOFF, STREITFELD, P.A. 83 3111 STIRLING ROAD FORT LAUDERDALE FL 33312-6525 64 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 (NOTE: Registered Agent alguature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE Change Addition TIYLE PD BECK, HAROLD NAME 1.2 NAME 700 CORAL WAY STREET ADDRESS 1.3 STREET ADDRESS CORAL GABLES FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition TITLE TD 2.1 TITLE ANDREWS, JOHN 22 NAME NAME STREET ADDRESS 700 CORAL WAY 2.3 STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME LOUSSINIAN. EDUARDO 32 NAME 700 CORAL WAY 3.3 STREET ADDRESS STREET ADDRESS CORAL GABLES FL CITY-ST-ZIP 3.4. CITY+ST-ZIP DELETE Addition 4.1 TITLE TITLE **ELLIOTT. DONALD** 4.2 NAME NAME STREET ADDRESS 700 CORAL WAY 4.3 STREET ADDRESS **CORAL GABLES FL** 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 5.1 TITLE 3D 5.2 NAME "Salomon, adrian NAME STREET ADDRESS 700 CORAL-WAY **5.3 STREET ADDRESS** CORAL GABLES FL 5.4 CITY-ST-ZIP City-SI-7/P Addition DELETE Change TITLE 6.1 TM E D 6.2 NAME NAME Leonard Goldstein 6.3 STREET ADDRESS STREET ADDRESS 700 Coral Way CITY-SI-ZIP Coral Gables Fl. 6.4 CITY-SI-ZIP

14. I do 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.

John E. andrew Twen