

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90044 026 ****70.00

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1st MOORE CR2E037 (10/04)

DOCUMENT # 726296 1. Entity 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	
2. Principal Place of Business <i>700 Coral Way</i>		3. Mailing Address	
Suite, Apt. #, etc. <i>15</i>		Suite, Apt. #, etc.	
City & State <i>CORAL GABLES FLA</i>		City & State	
Zip <i>33134</i>	Country <i>U.S.A</i>	Zip	Country
6. Name and Address of Current Registered Agent DAVID H ROGEL, ESQ, BECKER & POLIAKOFF 5201 BLUE LAGOON DRIVE SUITE 100 MIAMI FL 33126		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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>			
FILE NOW: 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 NAME STREET ADDRESS CITY-ST-ZIP	PD BECK, HAROLD 700 CORAL WAY APT 12 CORAL GABLES FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Harry Barsh V Pres D</i> <i>700 Coral Way Apt 3</i> <i>Coral Gables, Fl. 33134</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ANDREWS, JOHN 700 CORAL WAY APT 5 CORAL GABLES FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D</i> <i>JACK H. GUITERAS</i> <i>700 CORAL WAY APT 1</i> <i>CORAL GABLES FL 33134</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDSTEIN, LEONARD 700 CORAL WAY APT. 3 CORAL GABLES FL 33134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YANES, JUAN 700 CORAL WAY APT 8 CORAL GABLES FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERALD, WOLF 700 CORAL WAY APT 10 CORAL GABLES FL 33134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SOLOMON, ADVIENNE 700 CORAL WAY APT 7 CORAL GABLES FL 33134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>John P. Andrews - Treasurer</i>		Date: <i>3-3-05</i> Daytime Phone #: <i>305-446-1270</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			