

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90287 035 ***150.00

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1. Entity Name
BSA FITNESS ENTERPRISES, INC.



Principal Place of Business
4400 PGA BLVD.
SUITE 700
PALM BEACH GARDENS, FL 33410-0

Mailing Address
4400 PGA BLVD.
SUITE 700
PALM BEACH GARDENS, FL 33410-0

14017416



05032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0781760

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

BOYER, JOHN W
4400 PGA BLVD.
SUITE 700
PALM BEACH GARDENS, FL 33410-0

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPT
BOYER, JOHN W
734 SAVOY POINT LN
N PALM BEACH, FL 33410

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
SCHNEIDER, DAVID E
10060 NW 62ND STREET
PARKLAND, FL 33076

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VDS
ANGERS, GERALD R
784 ENFIELD ST
BOCA RATON, FL 33487

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #