

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 726296

**FILED**  
**Feb 08, 2018**  
**Secretary of State**  
**CC5439593831**

**Entity Name:** THE GABLES BATH CLUB APARTMENTS, INC.

**Current Principal Place of Business:**

700 CORAL WAY  
CORAL GABLES, FL 33134

**Current Mailing Address:**

700 CORAL WAY  
TREASURER/SECRETARY  
CORAL GABLES, FL 33134 US

**FEI Number:** 59-1567217

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

ROGEL, DAVID  
121 ALHAMBRA PLAZA  
10TH FLOOR  
CORAL GABLES, FL 33134 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name MACLAREN, JOHN  
Address 700 CORAL WAY  
# 05  
City-State-Zip: CORAL GABLES FL 33134

Title TD  
Name WOLF, HARRIET MRS.  
Address 700 CORAL WAY  
# 10  
City-State-Zip: CORAL GABLES FL 33134

Title S-D  
Name DAVIDSON, BARCO  
Address 700 CORAL WAY  
# 06  
City-State-Zip: CORAL GABLES FL 33134

Title VP  
Name RODRIGUEZ, JORGE  
Address 700 CORAL WAY  
# 07  
City-State-Zip: CORAL GABLES FL 33134

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: JOHN MACLAREN**

**PRESIDENT**

**02/08/2018**

Electronic Signature of Signing Officer/Director Detail

Date