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FILED
Feb 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N26558 (9)
1. Corporation Name
CAT CAY YACHT CLUB, INC.



Principal Place of Business 1100 LEE WAGENER BLVD SUITE 101 FT LAUDERDALE FL 33315 US	Mailing Address 500 EAST BROWARD BLVD., SUITE 1950 FT. LAUDERDALE FL 33394
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3. Date Incorporated or Qualified 05/23/1988	
4. FEI Number 65-0105771	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**HARDIN, DAVID C.
500 E. BROWARD BLVD., SUITE #1950
FT. LAUDERDALE FL 33394**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> DELETE
NAME	DAVIS, CHARLES L	
STREET ADDRESS	1001 HILLSBORO MILE	
CITY - ST - ZIP	HILLSBORO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DIAZ, MANUEL C	
STREET ADDRESS	23705 SW 117 AVENUE	
CITY - ST - ZIP	HOMESTEAD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BERGER, JOEL PAUL	
STREET ADDRESS	42-08 BELL BOULEVARD	
CITY - ST - ZIP	BAYSIDE NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLUM, PETER	
STREET ADDRESS	2980 N FEDERAL HIGHWAY	
CITY - ST - ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D/P BERGER, JOEL PAUL
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D COFFEY, CHARLES F.
4.3 STREET ADDRESS	505 Beachland Blvd., Suite 1-247
4.4 CITY - ST - ZIP	Vero Beach, FL
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D/P PALENZUELA, GONZALO
5.3 STREET ADDRESS	1195 N.W. 97 Avenue
5.4 CITY - ST - ZIP	Miami, FL
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D ECKERT, WILLIAM III
6.3 STREET ADDRESS	155 N. Harbor Drive, #5201
6.4 CITY - ST - ZIP	Chicago, IL

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *David Sch...* 1/14/98 954-359-8272

CR2E037 (10/97)