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**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90115 001 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N26558**

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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183414 - 90115 - 1



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/23/1988
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0105771
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

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 85 Zip Code <b>FL</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DS DP</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, CHARLES L	1.2 NAME	
STREET ADDRESS	1001 HILLSBORO MILE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HILLSBORO BEACH FL	1.4 CITY-ST-ZIP	
TITLE	<b>DS</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ECKERT, WILLIAM I	2.2 NAME	
STREET ADDRESS	155 N HARBOR DRIVE, #5201	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	2.4 CITY-ST-ZIP	
TITLE	<b>DP</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGER, JOEL PAUL	3.2 NAME	
STREET ADDRESS	42-08 BELL BOULEVARD	3.3 STREET ADDRESS	
CITY-ST-ZIP	BAYSIDE NY	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLUM, PETER	4.2 NAME	
STREET ADDRESS	2980 N FEDERAL HIGHWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COFFEY, CHARLES F	5.2 NAME	
STREET ADDRESS	505 BEACHLAND BLVD, SUITE 1-247	5.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	5.4 CITY-ST-ZIP	
TITLE	<b>DT</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALENZUELA, GONZALO	6.2 NAME	
STREET ADDRESS	1195 NW 97 AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

*See attached*

14. 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 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, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)

183414-9015-1  
N26558

DT  
MILTON FERRELL  
FERRELL & FERTEL, P.A.  
201 S BISCAYNE BLVD, SUITE 1920  
MIAMI, FL 33131

D  
MANUEL DIAZ  
23705 SW 117 AVE  
HOMESTEAD, FL 33032

D  
CELIA PALEOLOGOS  
10221 HERONWOOD LANE  
WEST PALM BEACH, FL 33412

D  
DENNIS WHITE  
1 PRIMROSE LANE  
MALVERN, PA 19355

D  
MARY ROBERT  
34 COUNTRY LIFE ACRES  
ST. LOUIS, MO 63131

D  
ROY D. DAVIS  
P.O. BOX 489 - RACE TRACK ROAD  
MEADOW LANDS, PA 15347

D  
JOHN RICHARDS  
2813 NE 28 STREET  
FT. LAUDERDALE, FL 33306

D  
JANET ROBERT  
4221 MCDONALD DRIVE N  
STILLWATER, MN 55082

D  
J. RAMON RODRIGUEZ  
100 KNOLLWOOD DRIVE  
KEY BISCAYNE, FL 33149