


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90172 048 ****61.25

DOCUMENT # N26558			
1. Entity Name CAT CAY YACHT CLUB, INC.			
Principal Place of Business 3232 SW 2 AVE 202 FT LAUDERDALE, FL 33315 US		Mailing Address 500 EAST BROWARD BLVD., SUITE 1950 FT. LAUDERDALE, FL 33394	
2. Principal Place of Business 1100 Lee Wagener Blvd. Suite, Apt. #, etc. Suite 104, Box 14		3. Mailing Address Suite, Apt. #, etc. City & State Fort Lauderdale, FL	
City & State Fort Lauderdale, FL		City & State	
Zip 33315	Country US	Zip	Country
6. Name and Address of Current Registered Agent HARDIN, DAVID C. 500 E. BROWARD BLVD., SUITE #1950 FT. LAUDERDALE, FL 33394		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2006		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	P DIAZ, MANUEL 23705 117TH AVENUE HOMESTEAD, FL 33032 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Diaz, Manuel 1100 Lee Wagener Boulevard. Fort Lauderdale, FL 33315 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORTENSEN, LANCE 117 WARWICK COURT ALAMO, CA 94507 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Sansone, Tom 15900 Gulf Boulevard Redington Beach, FL 33708 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAMADRID, LORENZO J 1424 W. 28TH ST., SUNSET ISLAND 1 MIAMI BEACH, FL 331404218 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lamadrid, Lorenzo 1424 W. 28th Street, Sunset Island 1 Miami Beach, FL 33140 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BU, ANNELENE 100 LEE WAGENER BLVD., SUITE 104, BOX 14 FORT LAUDERDALE, FL 33315 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Devaney, D. John 635 Sunset Circle Key Biscayne, FL 33149 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERGER, JOEL P 53 KEOFFERMAN RD. OLD GREENWICH, CT 06870 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kaiser, Marc 1160 Park Avenue Boca Raton, FL 33486 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BU, ANNELENE GRAKAMVEIEN 15 0779 OSLO, NORWAY, <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stout, David 2422 Naudain Street Philadelphia, PA 19146 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____		Date: 4/18/06 Daytime Phone #: 954-467-2200	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

40054003



04182006 Chg-NP CR2E037 (11/05)

4. FEI Number 65-0105771 Applied For Not Applicable

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