

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90191 026 \*\*\*150.00

**DOCUMENT # 291556**

1. Entity Name  
KEY ROYALE CLUB, INC.



Principal Place of Business  
700 KEY ROYALE DR  
HOLMES BCH, FL 34217 US

Mailing Address  
700 KEY ROYALE DR  
HOLMES BCH, FL 34217 US

**50048675**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01272005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
59-1142731

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

KRAL, ROBERT  
50 NORTH SHORE DR.  
ANNA MARIA, FL 34216

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete  
NAME THORNTON, JAMES D  
STREET ADDRESS 534-69TH STREET  
CITY-ST-ZIP HOLMES BEACH, FL 34217

TITLE VP ☒ Delete  
NAME MILLER, JAN S  
STREET ADDRESS 6400 FLOTILLA DRIVE, APT. 44  
CITY-ST-ZIP HOLMES BEACH, FL 34217

TITLE TD ☒ Delete  
NAME ANDERSON, WILLIAM P  
STREET ADDRESS 131 PERCIO POINT CIR.  
CITY-ST-ZIP BRADENTON, FL 342094019

TITLE SD ☐ Delete  
NAME STOKES, JANET L  
STREET ADDRESS 691 KEY ROYALE DR.  
CITY-ST-ZIP HOLMES BEACH, FL 34217

TITLE D ☐ Delete  
NAME OLSON, FRAN M  
STREET ADDRESS 6200 FLOTILLA DRIVE, APT. 262  
CITY-ST-ZIP HOLMES BEACH, FL 34217

TITLE D ☒ Delete  
NAME THOMASSEN, PIETER  
STREET ADDRESS 504-59TH STREET  
CITY-ST-ZIP HOLMES BEACH, FL 34217

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT ☐ Change ☒ Addition  
NAME ~~THOMAS GRIPPIN~~  
STREET ADDRESS ~~516-74TH ST.~~  
CITY-ST-ZIP ~~HOLMES BEACH, FL 34217~~

TITLE ~~LARRY FOWLER~~ ☐ Change ☒ Addition  
NAME ~~LARRY FOWLER~~  
STREET ADDRESS ~~11336 PARKO ISLA CIR.~~  
CITY-ST-ZIP ~~BRADENTON, FL 34209~~

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VICE PRESIDENT ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SECRETARY ☐ Change ☐ Addition  
NAME ~~ALICE REED~~  
STREET ADDRESS ~~614 CHADSTONE LN.~~  
CITY-ST-ZIP ~~HOLMES BEACH, FL 34217~~

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Larry Fowler, Treas.

X

Date

Daytime Phone #

941-  
X 778-3055