

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2005 8:00 am**  
**Secretary of State**

02-08-2005 90011 014 \*\*\*150.00

**DOCUMENT # P96000089474**

1. Entity Name  
**KEY RESORT, INC.**



Principal Place of Business  
**3250 MARY STREET, SUITE 500  
MIAMI, FL 33133**

Mailing Address  
**3250 MARY STREET, SUITE 500  
MIAMI, FL 33133**

**50011787**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01102005

Chg-P

CR2E034 (10/03)

4. FEI Number  
**65-0712110**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PELTZ, ARVIN  
3250 MARY STREET  
SUITE 500  
MIAMI, FL 33133**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CD  
WEISER, SHERWOOD M  
3250 MARY STREET, 5TH FLOOR  
MIAMI, FL 33133** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**3250 MARY STREET SUITE 500** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VCPA  
LEFTON, DONALD E  
3250 MARY STREET, 5TH FLOOR  
MIAMI, FL 33133** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**3250 MARY STREET SUITE 500** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
WEISER, DOUGLAS  
3250 MARY STREET  
MIAMI, FL 33133** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**3250 MARY STREET SUITE 500** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
SIBLEY, PETER  
3250 MARY STREET  
MIAMI, FL 33133** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**3250 MARY STREET SUITE 500** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
HEWITT, THOMAS F  
3250 MARY STREET  
MIAMI, FL 33133** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**3250 MARY STREET SUITE 500** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SVPT  
TEMLING, W. PETER CFO  
3250 MARY STREET  
MIAMI, FL 33133** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**3250 MARY STREET SUITE 500** ☐ Change ☐ Addition

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: Donald F. Lefton**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02/01/2005 305-445-2493**

Date

Daytime Phone #