


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 11, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 580973**  
 1. Entity Name  
**KIMCO OF TAMPA, INC.**



Principal Place of Business - Mailing Address  
**3333 NEW HYDE PARK ROAD STE 100 NEW HYDE PARK NY 11042-0020**  
**KIMCO REALTY CORP. P.O. BOX 5020 NEW HYDE PARK NY 11042-0020**



2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E034 (10/05)  
 4. FEI Number **11-2513372** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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 D Delete <input type="checkbox"/>	NAME COOPER, MILTON STREET ADDRESS 3333 NEW HYDE PK. RD. 100 CITY-ST-ZIP NEW HYDE PARK NY 11042	TITLE  Delete <input type="checkbox"/>	NAME  STREET ADDRESS  CITY-ST-ZIP   U00000502387 04/25/06-80101-023 150.00
TITLE VP Delete <input type="checkbox"/>	NAME YARMAK, JOEL I STREET ADDRESS 3333 NEW HYDE PK. RD. 100 CITY-ST-ZIP NEW HYDE PARK NY 11042	TITLE  Delete <input type="checkbox"/>	NAME  STREET ADDRESS  CITY-ST-ZIP   Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE P Delete <input type="checkbox"/>	NAME FLYNN, MIKE STREET ADDRESS 3333 NEW HYDE PARK ROAD CITY-ST-ZIP NEW HYDE PARK NY	TITLE  Delete <input type="checkbox"/>	NAME  STREET ADDRESS  CITY-ST-ZIP   Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE VP Delete <input type="checkbox"/>	NAME SCHINDLER, MICHAEL STREET ADDRESS 3333 NEW HYDE PK. RD. 100 CITY-ST-ZIP NEW HYDE PARK NY 11042	TITLE  Delete <input type="checkbox"/>	NAME  STREET ADDRESS  CITY-ST-ZIP   Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE T Delete <input type="checkbox"/>	NAME PAPPAGALLO, MIKE STREET ADDRESS 3333 NEW HYDE PARK RD. 100 CITY-ST-ZIP NEW HYDE PARK NY 11042	TITLE  Delete <input type="checkbox"/>	NAME  STREET ADDRESS  CITY-ST-ZIP   Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE S Delete <input type="checkbox"/>	NAME KAUDERER, BRUCE STREET ADDRESS 3333 NEW HYDE PK. RD. 1000 CITY-ST-ZIP NEW HYDE PARK NY 11042	TITLE  Delete <input type="checkbox"/>	NAME  STREET ADDRESS  CITY-ST-ZIP   Change <input type="checkbox"/> Addition <input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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: \_\_\_\_\_ **3-17-06** **516-869-9000**