

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

03-08-2005 90185 044 \*\*\*150.00

**DOCUMENT # 842096**

1. Entity Name

**SENTINEL PROPERTY MANAGEMENT CORP.**



Principal Place of Business

1251 AVENUE OF THE AMERICAS  
36TH FLOOR  
NEW YORK NY 10020  
US

Mailing Address

1251 AVENUE OF THE AMERICAS  
36TH FLOOR  
NEW YORK NY 10020  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

13-2957368

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

**NRAI SERVICES, INC.**  
**526 E. PARK AVENUE**  
**TALLAHASSEE FL 32301**

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**

**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 ☒ Delete  
NAME WEINBERGER, MICHAEL J  
STREET ADDRESS 1251 AVENUE OF THE AMERICAS  
CITY-ST-ZIP NEW YORK NY 10020

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

TITLE ☐ Delete  
NAME PD  
STREET ADDRESS STREICKER, JOHN H  
CITY-ST-ZIP 1251 AVENUE OF THE AMERICAS  
NEW YORK NY 10020

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS Streicker, John H.  
CITY-ST-ZIP 1251 Avenue of the Americas  
New York, NY 10020

TITLE ☒ Delete  
NAME T  
STREET ADDRESS LONGO, ELIZABETH  
CITY-ST-ZIP 1251 AVENUE OF THE AMERICAS  
NEW YORK NY 10020

TITLE ☒ Change ☒ Addition  
NAME T  
STREET ADDRESS Roth, Leland  
CITY-ST-ZIP 1251 Avenue of the Americas  
New York, NY 10020

TITLE ☐ Delete  
NAME VS  
STREET ADDRESS KENNY, MICHAEL J  
CITY-ST-ZIP 1251 AVENUE OF THE AMERICAS  
NEW YORK NY 10020

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

TITLE ☒ Delete  
NAME D  
STREET ADDRESS KURTZ, CHRISTINE C  
CITY-ST-ZIP 1251 AVENUE OF THE AMERICAS  
NEW YORK NY 10020

TITLE ☐ Change ☒ Addition  
NAME PD  
STREET ADDRESS Cassidy, Millie C.  
CITY-ST-ZIP 1251 Avenue of the Americas  
New York, NY 10020

TITLE ☐ Delete  
NAME D  
STREET ADDRESS WEINER, DAVID  
CITY-ST-ZIP 1251 AVENUE OF THE AMERICAS  
NEW YORK NY 10020

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

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/05

Date

212-408-5000

Daytime Phone #