

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 14, 2007 8:00 am**  
**Secretary of State**

5/1

05-11-2007 90035 025 \*\*\*150.00

**DOCUMENT # F06000001341**

1. Entity Name  
**KIMCO PALM HAVOR 1359, INC.**



Principal Place of Business  
**3333 NEW HYDE PARK ROAD  
NEW HYDE PARK, NY 11042**

Mailing Address  
**3333 NEW HYDE PARK ROAD  
NEW HYDE PARK, NY 11042**

**66019116**



02132007 Chg-P CR2E034 (12/06)

4. FEI Number **20-4455922** Applied For  
Not Applicable

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

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 SOUTH PINE 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 reappointing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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	<b>DC COOPER, MILTON 3333 NEW HYDE PARK ROAD NEW HYDE PARK, NY 11042</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DC / CEO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CEO COOPER, MILTON 3333 NEW HYDE PARK ROAD NEW HYDE PARK, NY 11042</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP Schnater, Michael 3333 New Hyde Park Rd New Hyde Park NY 11042</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DPC FLYNN, MICHAEL J 3333 NEW HYDE PARK ROAD NEW HYDE PARK, NY 11042</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DVC HENRY, DAVID B 3333 NEW HYDE PARK ROAD NEW HYDE PARK, NY 11042</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V FRIEDMAN, JERALD 3333 NEW HYDE PARK ROAD NEW HYDE PARK, NY 11042</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V CAPUTO, THOMAS A 3333 NEW HYDE PARK ROAD NEW HYDE PARK, NY 11042</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input 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 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: *[Signature]* **4/4/07** **516 869 9000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #