


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J60276</b>					
1. Entity Name KIMCO DEVELOPMENT OF SEMINOLE SANFORD, INC.					
Principal Place of Business SUITE 100 3333 NEW HYDE PARK RD. NEW HYDE PARK NY 11042			Mailing Address KIMCO REALTY CORP. P.O. BOX 5020 NEW HYDE PARK NY 11042-0020		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt #, etc.			
City & State		City & State		4. FEI Number 11-3481272	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
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		
			<b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHINDLER, MICHAEL		NAME	000000135544	
STREET ADDRESS	3333 NEW HYDE PK. RD. 100		STREET ADDRESS	04/28/04-80065-006 150.00	
CITY-ST-ZIP	NEW HYDE PARK NY 11042		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YARMAK, JOEL I		NAME		
STREET ADDRESS	3333 NEW HYDE PK. RD. 100		STREET ADDRESS		
CITY-ST-ZIP	NEW HYDE PARK NY 11042		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLYNN, MIKE		NAME		
STREET ADDRESS	3333 NEW HYDE PARK ROAD		STREET ADDRESS		
CITY-ST-ZIP	NEW HYDE PARK NY 11042		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COHEN, GLENN		NAME		
STREET ADDRESS	3333 NEW HYDE PK. RD. 100		STREET ADDRESS		
CITY-ST-ZIP	NEW HYDE PARK NY 11042		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PAPPAGALLO, MIKE		NAME		
STREET ADDRESS	3333 NEW HYDE PK. RD. 100		STREET ADDRESS		
CITY-ST-ZIP	NEW HYDE PARK NY 11042		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KAUDERER, BRUCE		NAME		
STREET ADDRESS	3333 NEW HYDE PK. RD. 100		STREET ADDRESS		
CITY-ST-ZIP	NEW HYDE PARK NY 11042		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 all other like empowered.

**SIGNATURE:**  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
 Date: 4/28/04 Daytime Phone #: 51869900