


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

DOCUMENT # J60276					
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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 11-3481272	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____				DATE _____	



1st MOORE CR2E034 (10/05)

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHINDLER, MICHAEL			NAME	U00000502350		
STREET ADDRESS	3333 NEW HYDE PK. RD. 100			STREET ADDRESS	04/25/06-80101-005 150.00		
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 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