

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 08:00 A
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
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02132007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address		4. FEI Number 11-3481272	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

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
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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, 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	VP SCHINDLER, MICHAEL	<input type="checkbox"/> Delete	TITLE	U00000750932 05/18/07-80069-010 150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3333 NEW HYDE PK. RD. 100		NAME		
STREET ADDRESS	NEW HYDE PARK, NY 11042		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	V YARMAK, JOEL I	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3333 NEW HYDE PK. RD. 100		NAME		
STREET ADDRESS	NEW HYDE PARK, NY 11042		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	P FLYNN, MIKE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3333 NEW HYDE PARK ROAD		NAME		
STREET ADDRESS	NEW HYDE PARK, NY 11042		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	T COHEN, GLENN	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3333 NEW HYDE PK. RD. 100		NAME		
STREET ADDRESS	NEW HYDE PARK, NY 11042		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	V PAPPAGALLO, MIKE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3333 NEW HYDE PK. RD. 100		NAME		
STREET ADDRESS	NEW HYDE PARK, NY 11042		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	S KAUDERER, BRUCE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3333 NEW HYDE PK. RD. 100		NAME		
STREET ADDRESS	NEW HYDE PARK, NY 11042		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *MM* 4/4/07 516 869 9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #