

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L09044

1. Entity Name

KIMCO DEVELOPMENT OF MCINTOSH SARASOTA, INC.



Principal Place of Business ...

3333 NEW HYDE PARK RD SUITE 100  
 NEW HYDE PARK NY 11042-0020

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.

1st MOORE

CR2E034 (10/04)

City & State

City & State

4. FEI Number

11-2981378

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324

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 D  Delete  
 NAME COOPER, MILTON  
 STREET ADDRESS 3333 NEW HYDE PARK RD. STE. 100  
 CITY-ST-ZIP NEW HYDE PARK NY 11042

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 U00000351797  
 05/03/05-80002-003 150.00

TITLE VP  Delete  
 NAME SCHINDLER, MICHAEL  
 STREET ADDRESS 3333 NEW HYDE PARK RD. STE. 100  
 CITY-ST-ZIP NEW HYDE PARK NY 11042

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE P  Delete  
 NAME FLYNN, MIKE  
 STREET ADDRESS 3333 NEW HYDE PARK ROAD  
 CITY-ST-ZIP NEW HYDE PARK NY 11042

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE V  Delete  
 NAME YARMAK, JOEL I  
 STREET ADDRESS 3333 NEW HYDE PK. RD. STE. 100  
 CITY-ST-ZIP NEW HYDE PARK NY 11042

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VP  Delete  
 NAME PAPPAGALLO, MIKE  
 STREET ADDRESS 3333 NEW HYDE PARK RD SUITE 100  
 CITY-ST-ZIP NEW HYDE PARK NY 11042

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE DS  Delete  
 NAME KAUDERER, BRUCE  
 STREET ADDRESS 3333 NEW HYDE PK. RD. STE. 100  
 CITY-ST-ZIP NEW HYDE PARK NY 11042

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-05 51689900

350378