
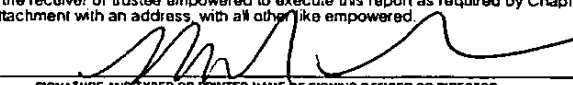


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Jul 13, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90164 022 \*\*\*\*61.25

30355858 / 211151735

DOCUMENT # N04000011468			
1. Entity Name AMELIA CONCOURSE OWNERS ASSOCIATION, INC.			
Principal Place of Business % KIMCO REALTY CORPORATION 3333 NEW HYDE PARK RD-ATTN:GENERAL CO NEW HYDE PARK NY 11042		Mailing Address % KIMCO REALTY CORPORATION 3333 NEW HYDE PARK RD-ATTN:GENERAL CO NEW HYDE PARK NY 11042	
2. Principal Place of Business		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		7. Name and Address of New Registered Agent	
CT CORP. 1200 S PINE ISLAND RD 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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____			
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD BRODY, NORMAN M <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	%KIMCO DEV - 1111 BURLINGTON AVE - STE 113	NAME	
STREET ADDRESS	LISLE IL 60532	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VPTD DUDLEY, JOHNNY L <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11478 PINE ST	NAME	
STREET ADDRESS	JACKSONVILLE FL 32258	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	S KAUDERER, BRUCE M <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	%KIMCO REALTY-3333 NEW HYDE PARK RD	NAME	
STREET ADDRESS	NEW HYDE PARK NY 11042	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D SULZBACHER, WILLIAM M <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	865 MAY ST	NAME	
STREET ADDRESS	JACKSONVILLE FL 32204	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Michael Schindler c/o Kimco
STREET ADDRESS		STREET ADDRESS	3333 New Hyde Park Rd New Hyde Park NY 11042
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 617, 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: 		Date: 4-27-05 Daytime Phone #: 5168699008	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	
Michael Schindler			