


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000011468					
1. Entity Name AMELIA CONCOURSE OWNERS ASSOCIATION, INC.					
Principal Place of Business % KIMCO REALTY CORPORATION 3333 NEW HYDE PARK RD- NEW HYDE PARK NY 11042		Mailing Address % KIMCO REALTY CORPORATION 3333 NEW HYDE PARK RD- NEW HYDE PARK NY 11042			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number: 20-3021729	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S PINE ISLAND RD 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 _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRODY, NORMAN M		NAME		
STREET ADDRESS	%KIMCO DEV - 1111 BURLINGTON AVE - STE 113		STREET ADDRESS		
CITY-ST-ZIP	LISLE IL 60532		CITY-ST-ZIP		
TITLE	VPTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DUDLEY, JOHNNY L		NAME		
STREET ADDRESS	11478 PINE ST		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32258		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KAUDERER, BRUCE M		NAME		
STREET ADDRESS	%KIMCO REALTY-3333 NEW HYDE PARK RD		STREET ADDRESS		
CITY-ST-ZIP	NEW HYDE PARK NY 11042		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SULZBACHER, WILLIAM M		NAME		
STREET ADDRESS	865 MAY ST		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32204		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHINDLER, MICHAEL		NAME		
STREET ADDRESS	3333 NEW HYDE PARK ROAD		STREET ADDRESS		
CITY-ST-ZIP	NEW HYDE PARK NY 11042		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



1st MOORE CR2E037 (10/05)

Applied For Not Applicable

8.75 Additional Fee Required

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 City
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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 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.

3-17-06 516-869-9000