

1062

# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT


FILED

2007 SEP 25 PM 3:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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 - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

09132007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number  
**20-3021729**

Applied For  
 Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired  **\$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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Amended AR is \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		
TITLE	DCEO	<input checked="" type="checkbox"/> Delete
NAME	COOPER, MILTON	
STREET ADDRESS	3333 NEW HYDE PARK RD, STE 100	
CITY-ST-ZIP	NEW HYDE PARK, NY 11042	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	FLYNN, MICHAEL J	
STREET ADDRESS	3333 NEW HYDE PARK RD, STE 100	
CITY-ST-ZIP	NEW HYDE PARK, NY 11042	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HENRY, DAVID B	
STREET ADDRESS	3333 NEW HYDE PARK RD, STE 100	
CITY-ST-ZIP	NEW HYDE PARK, NY 11042	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	FRIEDMAN, JERALD	
STREET ADDRESS	3333 NEW HYDE PARK RD, STE 100	
CITY-ST-ZIP	NEW HYDE PARK, NY 11042	
TITLE	EV	<input checked="" type="checkbox"/> Delete
NAME	SLATTERY, DAN	
STREET ADDRESS	3333 NEW HYDE PARK RD, STE 100	
CITY-ST-ZIP	NEW HYDE PARK, NY 11042	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	DENIS, JOSEPH	
STREET ADDRESS	3333 NEW HYDE PARK RD, STE 100	
CITY-ST-ZIP	NEW HYDE PARK, NY 11042	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ralph Ponti	
STREET ADDRESS	1770 Peachtree Street	
CITY-ST-ZIP	Suite 1200 Atlanta GA	
TITLE	V. Pres & Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN L. DUDLEY	
STREET ADDRESS	11478 Pine Street	
CITY-ST-ZIP	Jacksonville FL 32258	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bruce Kauderer	
STREET ADDRESS	3333 New Hyde Park Rd	
CITY-ST-ZIP	New Hyde Park NY 11042	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

*\* All attached.*

400110182374  
10/02/07--01087--022 \*\*\$61.25

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 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  **Bruce M. Kauderer, Sec.** 9/17/07 516 869 9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

9/27/07

**OFFICER'S & DIRECTORS**

**AMELIA CONCOURSE OWNERS ASSOCIATION, INC.**

**RALPH CONTI**  
PRESIDENT  
1170 PEACHTREE ST  
SUITE 1200  
ATLANTA, GA 30309

**JOHN L. DUDLEY**  
VICE PRESIDENT & TREASURER  
11478 PINE STREET  
JACKSONVILLE, FL 32258

**BRUCE KAUDERER**  
SECRETARY  
3333 NEW HYDE PARK RD  
SUITE 100  
NEW HYDE PARK, NY 11042