


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000036356
 1. Entity Name
KIMCO GOVERNORS MARKETPLACE 317, INC.



Principal Place of Business Mailing Address
3333 NEW HYDE PARK RD. **3333 NEW HYDE PARK RD.**
SUITE 100 **SUITE 100**
NEW HYDE PARK NY 11042-0020 **NEW HYDE PARK NY 11042-0020**



MOORE CR2E034 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **58-2548174** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CT 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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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

TITLE	D	<input type="checkbox"/> Delete
NAME	COOPER, MILTON	
STREET ADDRESS	3333 NEW HYDE PARK RD.	
CITY-ST-ZIP	NEW HYDE PARK NY 11042-0020	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SCHINDLER, MICHAEL	
STREET ADDRESS	3333 NEW HYDE PARK RD.	
CITY-ST-ZIP	NEW HYDE PARK NY 11042-0020	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLYNN, MICHAEL J	
STREET ADDRESS	3333 NEW HYDE PARK RD.	
CITY-ST-ZIP	NEW HYDE PARK NY 11042-0020	
TITLE	V	<input type="checkbox"/> Delete
NAME	YAVMAK, JOEL I	
STREET ADDRESS	3333 NEW HYDE PARK ROAD	
CITY-ST-ZIP	NEW HYDE PARK NY 11042	
TITLE	V	<input type="checkbox"/> Delete
NAME	PAPPGALLO, MICHAEL	
STREET ADDRESS	3333 NEW HYDE PARK ROAD	
CITY-ST-ZIP	NEW HYDE PARK NY 11042	
TITLE	S	<input type="checkbox"/> Delete
NAME	KAUDERER, BRUCE	
STREET ADDRESS	3333 NEW HYDE PARK ROAD	
CITY-ST-ZIP	NEW HYDE PARK NY 11042	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000135550
 04/28/04-80065-010 150.00

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: _____ **4-27-04** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #