


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P05000020345 1. Entity Name KD MIRAMAR 1192, INC.						FILED 07 AUG 27 PM 1:54 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 3333 NEW HYDE PARK ROAD NEW HYDE PARK, NY 11042				Mailing Address 3333 NEW HYDE PARK ROAD NEW HYDE PARK, NY 11042			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country				4. FEI Number 20-2297920			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO MILTON, COOPER 3333 NEW HYDE PARK RD NEW HYDE PARK, NY 11042			<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 600109132536 09/06/07--01028--021 **61.25	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COOP FLYNN, MICHAEL 3333 EW HYDEN PARK RD NEW HYDE PARK, NY 11042			<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SCHINDLER, MICHAEL 3333 NEW HYDEN PARK RD NEW HYDE PARK, NY 11042			<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVP FRIEDMAN, JERALD 3333 NEW HYDE PARK RD NEW HYDE PARK, NY 11042			<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVP CAPATO, THOMAS 3333 NEW HYDEN PARK RD NEW HYDE PARK, NY 11042			<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP NADLER, ROBERT 3333 NEW HAYDEN PARK RD NEW HYDE PARK, NY 11042			<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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: _____				Date 8/16/07 Daytime Phone # 516 869 9000			



08102007 Chg-P CR2E034 (12/06)

4. FEI Number 20-2297920 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 SOUTH PINE ISLAND ROAD
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	CEO	MILTON, COOPER	3333 NEW HYDE PARK RD NEW HYDE PARK, NY 11042
	COOP	FLYNN, MICHAEL	3333 EW HYDEN PARK RD NEW HYDE PARK, NY 11042
	VP	SCHINDLER, MICHAEL	3333 NEW HYDEN PARK RD NEW HYDE PARK, NY 11042
	EVP	FRIEDMAN, JERALD	3333 NEW HYDE PARK RD NEW HYDE PARK, NY 11042
	EVP	CAPATO, THOMAS	3333 NEW HYDEN PARK RD NEW HYDE PARK, NY 11042
	VP	NADLER, ROBERT	3333 NEW HAYDEN PARK RD NEW HYDE PARK, NY 11042

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☒ Addition

600109132536
09/06/07--01028--021 **61.25

Please see attached

8/8/29

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 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 **8/16/07** Daytime Phone # **516 869 9000**

KIMCO DEVELOPERS, INC. & its subsidiaries

Directors

Milton Cooper	Director
Michael J. Flynn	Director
David B. Henry	Director

Officers

Milton Cooper	Chief Executive Officer
Jerald Friedman	President
Dan Slattery	Executive Vice President
Michael J. Flynn	Vice President
Joseph Denis	Vice President
Paul Dooley	Vice President
Joel Yarmak	Vice President
Ralph Conti	Vice President
Michael V. Pappagallo	Vice President and Chief Financial Officer
Bruce M. Kauderer	Vice President and Secretary
Glenn G. Cohen	Vice President and Treasurer
Raymond Edwards	Vice President
Michael D. Schindler	Vice President
Bruce Rubenstein	Vice President
Ruth Mitteldorf	Vice President
Barbara E. Briamonte	Vice President
Michael E. Parry	Assistant Secretary
Susan L. Masone	Assistant Secretary
Kathleen M. Gazerro	Assistant Secretary
Ann L. Villella	Assistant Secretary

ADDRESS FOR ALL OFFICERS & DIRECTORS

**3333 NEW HYDE PARK RD
SUITE 100
NEW HYDE PARK, NY 11042**