


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000016021					
1. Entity Name KIMCO SAND LAKE 618, INC.					
Principal Place of Business 3333 NEW HYDE PARK ROAD STE 100 NEW HYDE PARK NY 11042			Mailing Address KIMCO REALTY CORP. P.O. BOX 5020 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 CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
4. FEI Number 65-0471136 Applied For Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May C Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME	SCHINDLER, MICHAEL	NAME	100000502364		
STREET ADDRESS	3333 NEW HYDE PK. RD. 100	STREET ADDRESS	04/25/06-80101-013 150.00		
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"/> Add		
NAME	COOPER, MILTON	NAME			
STREET ADDRESS	3333 NEW HYDE PK. RD. 100	STREET ADDRESS			
CITY-ST-ZIP	NEW HYDE PARK NY 11042	CITY-ST-ZIP			
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME	FLYNN, MIKE	NAME			
STREET ADDRESS	3333 NEW HYDE PARK RD., P.O BOX 5020	STREET ADDRESS			
CITY-ST-ZIP	NEW HYDE PK NY 11042	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME	PAPPAGALLO, MIKE	NAME			
STREET ADDRESS	3333 NEW HYDE PK RD. 100	STREET ADDRESS			
CITY-ST-ZIP	NEW HYDE PK NY 11042	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME	YAMAK, JOEL I	NAME			
STREET ADDRESS	3333 NEW HYDE PK. RD. 100	STREET ADDRESS			
CITY-ST-ZIP	NEW HYDE PK NY 11042	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME	KAUDERER, BRUCE	NAME			
STREET ADDRESS	3333 NEW HYDE PK. RD. 100	STREET ADDRESS			
CITY-ST-ZIP	NEW HYDE PK NY 11042	CITY-ST-ZIP			

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 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:  **3-17-06 516-869-9000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #