2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## May 04, 2005 8:00 am Secretary of State DOCUMENT # P94000074596 05-04-2005 90164 020 \*\*\*150.00 KIMCO SARASOTA 378, INC. Principal Place of Business Mailing Address 3333 NEW HYDE PARK RD KIMCO REALTY CORP. P.O. BOX 5020 NEW HYDE PARK NY 11042-0020 NEW HYDE PARK NY 11042 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0531169 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATÉ FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Addition Change . michael schiwdler NAME SCHINDLE, MICHAEL NAME 3333 HYDE PARK ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP **NEW HYDE PARK NY 11042-0020** TITLE ☐ Delete TITLE ☐ Change ☐ Addition COOPER, MILTON NAME NAME STREET ADDRESS 3333 NEW HYDE PARK ROAD STREET ADDRESS NEW HYDE PARK NY 11042-0020 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME FLYNN, MIKE STREET ADDRESS 3333 NEW HYDE PARK ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW HYDE PARK NY TITLE Delete TITLE ☐ Change ☐ Addition PAPPAGALLO, MIKE NAME NAME 3333 HYDE PARK ROAD STREET ADDRESS STREET ADDRESS CITY-ST-7IP **NEW HYDE PARK NY 11042-0020** CITY-ST-7IP TITLE Delete ☐ Change TITLE ☐ Addition KAUDERER, BRUCE NAME 3333 HYDE PARK ROAD STREET ADDRESS STREET ADDRESS **NEW HYDE PARK NY 11042-0020** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE YARMAK, JOEL I NAME NAME 3333 HYDE PARK ROAD STREET ADDRESS STREET ADDRESS NEW HYDE PARK NY 11042-0020 CITY-ST-ZIP CITY-ST-7IP 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

FILED