2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

DOCUMENT # P97000042344

1. Entity Name

KIMCO OCALA 665, INC.

Principal Place of Business	Mailing Address
3333 NEW HYPE PARK ROAD SUITE 100 NEW HYDE PARK FL 11042-0020	3333 NEW HYPE PARK ROAD SUITE 100 NEW HYDE PARK FL 11042-0020

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

1st MOORE CR2E034 (10/05)

4. FEI Number 58-2317767 Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

C T 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when resigning) 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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VP NAME SCHINDLER, MICHAEL STREET ADDRESS 3333 NEW HYDE PARK RD CITY-ST-ZIP NEW HYDE PARK NY 11042	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U00000502378 04/25/06-80101-020 150.00
TITLE CFO NAME PAPPAGALLO, MIKE STREET ADDRESS 3333 NEW HYDE PARK RD CITY-ST-ZIP NEW HYDE PARK NY 11042	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE S NAME KAUDERER, BRUCE STREET ADDRESS 3333 NEW HYDE PARK RD CITY-ST-ZIP NEW HYDE PARK NY 11042	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE T NAME COHEN, GLENN STREET ADDRESS 3333 NEW HYDE PARK RD CITY-ST-ZIP NEW HYDE PARK NY 11042	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE V NAME YARMAK, JOEL I STREET ADDRESS 3333 NEW HYDE PARK RD CITY-ST-ZIP NEW HYDE PARK NY 11042	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE P NAME FLYNN, MICHAEL STREET ADDRESS 3333 NEW HYDE PARK RD CITY-ST-ZIP NEW HYDE PARK NY 11042	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 OF NEW OFFICER OR DIRECTOR OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #