

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # P97000098662

1. Entity Name
KIMCO MT. DORA 677, INC.



Principal Place of Business 3333 NEW HYDE PARK ROAD STE 100 NEW HYDE PARK, NY 11042-0020	Mailing Address 3333 NEW HYDE PARK ROAD STE 100 NEW HYDE PARK, NY 11042-0020
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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02132007 Chg-P CR2E034 (12/06)

City & State	City & State	4. FEI Number 65-0797960	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be 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"/> Addition	
NAME	COOPER, MILTON		NAME		U00000750442
STREET ADDRESS	3333 NEW HYDE PARK RD, POB 5020		STREET ADDRESS		05/18/07-80063-011 150.00
CITY-ST-ZIP	NEW HYDE PARK, NY 110420020		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHINDLER, MICHAEL		NAME		
STREET ADDRESS	3333 NEW HYDE PARK RD, POB 5020		STREET ADDRESS		
CITY-ST-ZIP	NEW HYDE PARK, NY 110420020		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLYNN, MIKE		NAME		
STREET ADDRESS	3333 NEW HYDE PARK RD, POB 5020		STREET ADDRESS		
CITY-ST-ZIP	NEW HYDE PARK, NY 110420020		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KAUDERER, BRUCE		NAME		
STREET ADDRESS	3333 NEW HYDE PARK RD, POB 5020		STREET ADDRESS		
CITY-ST-ZIP	NEW HYDE PARK, NY 110420020		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YARMAK, JOEL I		NAME		
STREET ADDRESS	3333 NEW HYDE PARK RD, POB 5020		STREET ADDRESS		
CITY-ST-ZIP	NEW HYDE PARK, NY 110420020		CITY-ST-ZIP		
TITLE	CFO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PAPPAGALLO, MIKE		NAME		
STREET ADDRESS	3333 NEW HYDE PARK RD, POB 5020		STREET ADDRESS		
CITY-ST-ZIP	NEW HYDE PARK, NY 110420020		CITY-ST-ZIP		

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

4/4/07

Date

Daytime Phone #

516 869 9000