

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90165 037 ***150.00

BICORPORATED
 EICORPORATED

DOCUMENT # S93632

1. Entity Name

KCH LAKE WORTH, INC.



Principal Place of Business

**KIMCO REALTY CORP.
 3333 NEW HYDE PARK RD., SUITE 100
 NEW HYDE PK NY 11042**

Mailing Address

**KIMCO REALTY CORP.
 P.O. BOX 5020
 NEW HYDE PK NY 11042**



2. Principal Place of Business

3. Mailing Address

1st MOORE CR2E034 (10/04)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0354018

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	D	<input type="checkbox"/> Delete
NAME	COOPER, MILTON	
STREET ADDRESS	3333 NEW HYDE PK. RD. 100	
CITY-ST-ZIP	NEW HYDE PK. NY 11042	
TITLE	V	<input type="checkbox"/> Delete
NAME	SCHINDLE, MICHAEL	
STREET ADDRESS	3333 NEW HYDE PK. RD. 100	
CITY-ST-ZIP	NEW HYDE PK NY 11042	
TITLE	P	<input type="checkbox"/> Delete
NAME	FLYNN, MIKE	
STREET ADDRESS	3333 NEW HYDE PARK RD., P.O BOX 5020	
CITY-ST-ZIP	NEW HYDE PK NY 11042	
TITLE	T	<input type="checkbox"/> Delete
NAME	COHEN, GLENN	
STREET ADDRESS	3333 NEW HYDE PK. RD. 100	
CITY-ST-ZIP	NEW HYDE PK NY 11042	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PAPPAGALLO, MIKE	
STREET ADDRESS	3333 NEW HYDE PK. RD. 100	
CITY-ST-ZIP	NEW HYDE PARK NY 11042	
TITLE	V	<input type="checkbox"/> Delete
NAME	YARMAK, JOEL I	
STREET ADDRESS	3333 NEW HYDE PK. RD. 100	
CITY-ST-ZIP	NEW HYDE PK. NY 11042	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Schindle
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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

Daytime Phone #

4-27-05 5168699000