

**2015 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# L40629

**Entity Name:** EQUITY ONE REALTY & MANAGEMENT FL, INC.**Current Principal Place of Business:**1600 NE MIAMI GARDENS DRIVE  
NORTH MIAMI BEACH, FL 33179**Current Mailing Address:**1600 NE MIAMI GARDENS DRIVE  
NORTH MIAMI BEACH, FL 33179 US**FEI Number:** 65-0227351**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CEOD  
Name LUKES, DAVID  
Address 410 PARK AVENUE  
SUITE 1220  
City-State-Zip: NEW YORK NY 10022

Title COO  
Name MAKINEN, DAVID  
Address 410 PARK AVENUE  
SUITE 1220  
City-State-Zip: NEW YORK NY 10022

Title P  
Name CAPUTO, THOMAS  
Address 410 PARK AVENUE  
SUITE 1220  
City-State-Zip: NEW YORK NY 10022

Title DVPS  
Name KITLOWSKI, AARON  
Address 410 PARK AVENUE  
SUITE 1220  
City-State-Zip: NEW YORK NY 10022

Title VPT  
Name OSTROWER, MATTHEW  
Address 410 PARK AVENUE  
SUITE 1220  
City-State-Zip: NEW YORK NY 10022

Title VP  
Name CHOQUETTE, KEN  
Address 1600 NE MIAMI GARDENS DRIVE  
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title VP  
Name LEFKOWITZ, HOWARD  
Address 1600 NE MIAMI GARDENS DRIVE  
City-State-Zip: NORTH MIAMI BCH FL 33179

Title DIRECTOR  
Name KATZMAN, CHAIM  
Address 1600 NE MIAMI GARDENS DRIVE  
City-State-Zip: NORTH MIAMI BEACH FL 33179

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** AARON KITLOWSKI

DVPS

10/20/2015

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	VP
Name	LOPEZ, JOSEPH
Address	1600 NE MIAMI GARDENS DRIVE
City-State-Zip:	NORTH MIAMI BEACH FL 33179