

2015 FLORIDA PROFIT CORPORATION 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 CEO
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 LANGER, MARK
Address 1600 NE MIAMI GARDENS DRIVE
City-State-Zip: NORTH MIAMI BEACH FL 33179

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

Title VP
Name NOVICK, BILL
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

Continues on page 2

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

VP,S, D

02/11/2015

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