

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N05000009031

1. Entity Name
KANNER CROSSING PROPERTY OWNERS ASSOCIATION, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR - 1 PM 3:03

Principal Place of Business Mailing Address
200 ADMIRALS COVE BLVD SUITE 417 200 ADMIRALS COVE BLVD SUITE 417
JUPITER FL 33477 JUPITER FL 33477



2. Principal Place of Business 3. Mailing Address
3801 PGA BLVD. **3801 PGA BLVD.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 107 **SUITE 107**
City & State City & State
PALM BEACH GARDENS, FL **PALM BEACH GARDENS, FL**
Zip Country Zip Country
33410 **U.S.A.** **33410** **USA**

4. FEI Number Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HYMAN, SHERRY L
200 ADMIRALS COVE BLVD SUITE 417
JUPITER FL 33477

7. Name and Address of New Registered Agent
Name
SHERRY L. HYMAN, ESQ.
Street Address (P.O. Box Number is Not Acceptable)
3801 PGA BLVD.
SUITE 107
City State Zip Code
PALM BEACH GARDENS **FL** **33410**

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 _____ DATE **2-2-06**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> Delete
NAME	FRANKEL, BENJAMIN	
STREET ADDRESS	200 ADMIRALS COVE BLVD SUITE 417	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	FRANKEL, THOMAS	
STREET ADDRESS	200 ADMIRALS COVE BLVD SUITE 417	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	FRANKEL, JERI	
STREET ADDRESS	200 ADMIRALS COVE BLVD SUITE 417	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3801 PGA BLVD. - SUITE 107	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3801 PGA BLVD. - SUITE 107	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERRY FRANKEL	
STREET ADDRESS	3801 PGA BLVD. - SUITE 107	
CITY-ST-ZIP	PALM BEACH GARDENS - FL 33410	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	900067946569	
CITY-ST-ZIP	03/16/06--01007--002 **111.25	
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 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 617, 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: _____ DATE **2-2-06 561-744-1033**