


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2007 8:00 A.M.
Secretary of State

DOCUMENT # N05000009031		
1. Entity Name KANNER CROSSING PROPERTY OWNERS ASSOCIATION, INC.		
Principal Place of Business 3901 PGA BLVD, STE 107 PALM BEACH GARDENS FL 33410	Mailing Address 3901 PGA BLVD, STE 107 PALM BEACH GARDENS FL 33410	
2. Principal Place of Business - No P.O. Box #	3. Mailing Address	



Suite, Apt. #, e 3535 Military Trail Suite 101 Jupiter, FL 33458	3535 Military Trail Suite 101 Jupiter, FL 33458
City & State	
Zip	

<i>af</i> 1st MOORE	CR2E037 (10/06)
4. FEI Number AP-PLIED FOR	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HYMAN, SHERRY L ESQ 3901 PGA BLVD, STE 107 PALM BEACH GARDENS FL 33410		Name	
		Street Address (P)	3535 Military Trail Suite 101 Jupiter, FL 33458
		City	

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]* (NOTE: Registered Agent signature required when reinstating)

DATE **4/19/07**

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D FRANKEL, BENJAMIN 3901 PGA BLVD, STE 107 PALM BEACH GARDENS FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	3535 Military Trail Suite 101 Jupiter, FL 33458 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PTD FRANKEL, THOMAS 3901 PGA BLVD, STE 107 PALM BEACH GARDENS FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	3535 Military Trail Suite 101 Jupiter, FL 33458 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VSD FRANKEL, GERRY 3901 PGA BLVD, STE 107 PALM BEACH GARDENS FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	3535 Military Trail Suite 101 Jupiter, FL 33458 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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05/31/07--01038--016 **111.25

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: *[Signature]* **Thomas Frankel 2-2-07**