

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

APPROVED AND FILED

pg 2 of 2

DOCUMENT # N05000009031
 1. Entity Name
KANNER CROSSING PROPERTY OWNERS ASSOCIATION, INC.



08 APR 22 AM 7:24

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business: 3535 MILITARY TRAIL SUITE 101 JUPITER FL 33458
 Mailing Address: 3535 MILITARY TRAIL SUITE 101 JUPITER FL 33458



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent
HYMAN, SHERRY L ESQ
 3901 PGA BLVD, STE 407
 PALM BEACH GARDENS FL 33410

4. FEI Number: AP-PLIED FOR
 Applied For / Not Applicable

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

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): **3535 MILITARY TRL.**
SUITE 101
 City: **JUPITER FL** Zip Code: **FL 33458**

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 _____
Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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: 3535 MILITARY TRAIL, SUITE 101 CITY-ST-ZIP: JUPITER FL 33458
TITLE: PTD <input type="checkbox"/> Delete	NAME: FRANKEL, THOMAS STREET ADDRESS: 3535 MILITARY TRAIL, SUITE 101 CITY-ST-ZIP: JUPITER FL 33458
TITLE: VSD <input type="checkbox"/> Delete	NAME: FRANKEL, GERRY STREET ADDRESS: 3535 MILITARY TRAIL, SUITE 101 CITY-ST-ZIP: JUPITER FL 33458
TITLE: <input type="checkbox"/> Delete	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
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 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: _____
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: _____

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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: _____

3-25-08 561-744-1033