

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712225

Entity Name: KINNERET, INC.

Current Principal Place of Business:

515 S DELANEY AVE
ORLANDO, FL 32801

Current Mailing Address:

5300 W. CYPRESS ST.
SUITE 200
TAMPA, FL 33607

FEI Number: 59-6194199

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHADWICK, JAMES M
5300 W. CYPRESS ST.
SUITE 200
TAMPA FL 33607 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 TD
Name SILVERBERG, MARK B
Address 607 SWEETWATER COVE BLVD. S
City-State-Zip: LONGWOOD FL 32779

Title D, PAST PRESIDENT
Name POLEJES, ALISON
Address 2110 FORREST RD
City-State-Zip: WINTER PARK FL 32789

Title D, VP
Name SHARE, GEANNE
Address 9913 LAKE GEORGIA DRIVE
City-State-Zip: ORLANDO FL 32817

Title DIRECTOR
Name FEUERMAN, CAROL
Address 100 SWEETWATER CREEK CT
City-State-Zip: LONGWOOD FL 32779

Title D, P
Name BLAHER, NEAL
Address 446 MEADOWOOD BLVD.
City-State-Zip: FERN PARK FL 32730

Title DIRECTOR
Name LEFKOWITZ, AMY
Address 4706 ANSON LANE
City-State-Zip: ORLANDO FL 32814

Title D, SECRETARY
Name SHARFSTEIN, LAUREN
Address 4624 MESSINA DRIVE
City-State-Zip: LAKE MARY FL 32746

Title DIRECTOR
Name APPELBAUM, DICK
Address 21 MAITLAND GROVES RD.
City-State-Zip: MAITLAND FL 32751

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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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NEAL BLAHER

PRESIDENT

02/18/2013

Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title DIRECTOR
Name NOVICK, FAYE
Address 1012 HARWELL ST.
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name PEARLMAN, RHONDA K
Address 3900 NEPTUNE DRIVE
City-State-Zip: ORLANDO FL 32804

Title DIRECTOR
Name HARA, JACOB
Address PIONEER REALTY
850 TOWNE CENTER DRIVE
City-State-Zip: KISSIMMEE FL 34759

Title DIRECTOR
Name LEVIN, LAURIE
Address FLORIDA HOSPITAL
2400 BEDFORD RD. 2ND FLOOR
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR
Name UDELSON, TODD
Address 290 DETMAR DRIVE
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR
Name MANDELKERN, PAUL
Address 653 SELKIRK DRIVE
City-State-Zip: WINTER PARK FL 32792

Title DIRECTOR
Name SOKOLOFF, MATTHEW
Address 36 E. WINTER PARK STREET
City-State-Zip: ORLANDO FL 32804

Title DIRECTOR
Name HARA, ROBERT
Address 931 S. SEMORAN BLVD.
SUITE 214
City-State-Zip: WINTER PARK FL 32792

Title DIRECTOR
Name SAVAGE, MOLLIE
Address 677 POST OAK CIRCLE
UNIT #123
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title DIRECTOR
Name COLLIN, LESLIE
Address 515 S. DELANEY AVENUE
City-State-Zip: ORLANDO FL 32801