

**2014 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 VP, 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  
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

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

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

SIGNATURE: NEAL BLAHER

PRESIDENT

01/20/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name PEARLMAN, RHONDA K  
Address 3900 NEPTUNE DRIVE  
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, SECRETARY  
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

Title DIRECTOR  
Name GUTTER, LARRY  
Address 877 VICTORIA TERRACE  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

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 VP, FINANCE  
Name LEVIN, DON  
Address 544 TIMBER RIDGE DRIVE  
City-State-Zip: LONGWOOD FL 32779

Title DIRECTOR  
Name MASIN, MELISSA  
Address 640 LONGMEADOW CIRCLE  
City-State-Zip: LONGWOOD FL 32779