

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 01, 2024  
Secretary of State  
8811124169CC**

DOCUMENT# 739736

**Entity Name:** KINNERET II, INC.

**Current Principal Place of Business:**

517 S. DELANEY AVENUE  
ORLANDO, FL 32801

**Current Mailing Address:**

517 S. DELANEY AVENUE  
ORLANDO, FL 32801 US

**FEI Number:** 59-1760028

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PEARLMAN, RHONDA K  
3900 NEPTUNE DRIVE  
ORLANDO, FL 32804 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:** RHONDA PEARLMAN

05/01/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            PEARLMAN, RHONDA K.  
Address        3900 NEPTUNE DR.  
City-State-Zip: ORLANDO FL 32804

Title            DIRECTOR  
Name            POLEJES, ALISON  
Address        2110 FOREST RD.  
City-State-Zip: WINTER PARK FL 32789

Title            TREASURER  
Name            ZIMMERMAN, SCOTT  
Address        501 NORTH MAGNOLIA AVE  
City-State-Zip: ORLANDO FL 32801

Title            DIRECTOR  
Name            SHARE, GEANNE  
Address        9913 LAKE GEORGIA DR.  
City-State-Zip: ORLANDO FL 32817

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

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

Title            DIRECTOR  
Name            KATZMAN, ERIN  
Address        217 N WESTMONTE DR.  
                  STE. 1005  
City-State-Zip: ALTAMONTE SPRING FL 32714

Title            SECRETARY  
Name            KANE, JOANNE  
Address        522 WINDING CREEK PLACE  
City-State-Zip: LONGWOOD FL 32779

**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:** ALISON POLEJES

**BOARD MEMBER**

05/01/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name FENSTER, LYNN  
Address 463 LONGMEADOW LANE  
City-State-Zip: LONGWOOD FL 32779

Title DIRECTOR  
Name PEARLMAN, ROSS  
Address 609 LAKE DR.  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title DIRECTOR  
Name SHARE, OLIVIA  
Address 9913 LAKE GEORGIA DR.  
City-State-Zip: ORLANDO FL 32817

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

Title DIRECTOR  
Name LEVIN, DON  
Address 544 TIMBER RIDGE DR.  
City-State-Zip: LONGWOOD FL 32779

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