

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 739736

Entity Name: KINNERET II, INC.

**Current Principal Place of Business:**

517 S DELANEY AVENUE  
ORLANDO, FL 32801

**Current Mailing Address:**

5300 W. CYPRESS STREET  
SUITE 200  
TAMPA, FL 33607

FEI Number: 59-1760028

Certificate of Status Desired: No

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

CHADWICK, JAMES M  
5300 W. CYPRESS STREET  
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 DIRECTOR  
Name BLAHER, NEAL  
Address 446 MEADOWOOD BLVD.  
City-State-Zip: FERN PARK FL 32730

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

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

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

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

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

**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: RHONDA K. PEARLMAN

PRESIDENT

04/13/2021

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

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

Title PRESIDENT, DIRECTOR  
Name PEARLMAN, RHONDA K  
Address 3900 NEPTUNE DRIVE  
City-State-Zip: ORLANDO FL 32801

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

Title DIRECTOR  
Name FENSTER, LYNN  
Address 3901 NEPTUNE DRIVE  
City-State-Zip: ORLANDO FL 32801

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

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