

2017 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, PAST PRESIDENT
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 PRESIDENT, 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
Name SHARFSTEIN, LAUREN
Address 4624 MESSINA DRIVE
City-State-Zip: LAKE MARY FL 32746

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

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

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

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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: GEANNE SHARE

PRESIDENT

01/16/2017

Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name CHESTNUT, VALERIE
Address 580 CASCADE CIRCLE #104
City-State-Zip: CASSELBERRY FL 32707

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

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

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, SECRETARY
Name RIJN, ARLENE VAN DE
Address 1224 MAURY ROAD
City-State-Zip: ORLANDO FL 32804