

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005549

FILED
Jan 28, 2020
Secretary of State
4020486295CC

Entity Name: KINNERET COUNCIL ON AGING, INC.

Current Principal Place of Business:

515 S DELANEY AVENUE
ORLANDO, FL 32801

Current Mailing Address:

515 S DELANEY AVENUE
ORLANDO, FL 32801

FEI Number: 59-3408517

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	D	Title	D, PRESIDENT
Name	LEFKOWITZ, AMY	Name	FEUERMAN, CAROL
Address	4706 ANSON LANE	Address	100 SWEETWATER CREEK CT
City-State-Zip:	ORLANDO FL 32814	City-State-Zip:	LONGWOOD FL 32779
Title	DIRECTOR	Title	DIRECTOR, VP
Name	BLAHER, NEAL	Name	POLEJES, ALISON
Address	446 MEADOWOOD BLVD.	Address	2110 FORREST RD.
City-State-Zip:	FERN PARK FL 32730	City-State-Zip:	WINTER PARK FL 32789
Title	DIRECTOR	Title	D
Name	SHARE, GEANNE	Name	APPELBAUM, DICK
Address	9913 LAKE GEORGIA DRIVE	Address	21 MAITLAND GROVES RD
City-State-Zip:	ORLANDO FL 32817	City-State-Zip:	MAITLAND FL 32751
Title	D	Title	DIRECTOR
Name	HARA, JACOB	Name	SAVAGE, MOLLIE
Address	PIONEER REALTY 850 TOWNE CENTER DRIVE	Address	677 POST OAK CIRCLE UNIT #123
City-State-Zip:	KISSIMMEE FL 34759	City-State-Zip:	ALTAMONTE SPRINGS FL 32701

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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: CAROL FEUERMAN

PRESIDENT

01/28/2020

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 VP, DIRECTOR
Name FENSTER, LYNN
Address 3901 NEPTUNE DRIVE
City-State-Zip: ORLANDO FL 32804

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

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

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

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