

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000005549

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

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

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

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

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

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

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

Title D  
Name HARA, ROBERT  
Address 931 S. SEMORAN BLVD.  
SUITE 214  
City-State-Zip: WINTER PARK FL 32792

**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: CAROL FEUERMAN****PRESIDENT****01/10/2018**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

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

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

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