

2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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 D, PRESIDENT
Name FEUERMAN, CAROL
Address 100 SWEETWATER CREEK CT
City-State-Zip: LONGWOOD FL 32779

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

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

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

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

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

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

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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

05/02/2017

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