

**2013 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 D  
Name FEUERMAN, CAROL  
Address 100 SWEETWATER CREEK CT  
City-State-Zip: LONGWOOD FL 32779

Title TD  
Name SILVERBERG, MARK B  
Address 607 SWEETWATER COVE BLVD. S.  
City-State-Zip: LONGWOOD FL 32779

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

Title D, PAST PRESIDENT  
Name POLEJES, ALISON  
Address 2110 FORREST RD.  
City-State-Zip: WINTER PARK FL 32789

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

Title S, D  
Name SHARFSTEIN, LAUREN  
Address 4624 MESSINA DRIVE  
City-State-Zip: LAKE MARY FL 32746

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

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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: NEAL BLAHER**

**PRESIDENT**

**02/20/2013**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

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

Title D  
Name LEVIN, LAURIE  
Address FLORIDA HOSPITAL  
2400 BEDFORD ROAD 2ND FLOOR  
City-State-Zip: ORLANDO FL 32803

Title D  
Name UDELSON, TODD  
Address 290 DETMAR DRIVE  
City-State-Zip: WINTER PARK FL 32789

Title D  
Name MANDELKERN , PAUL  
Address 653 SELKIRK DRIVE  
City-State-Zip: WINTER PARK FL 32792

Title D  
Name SOKOLOFF, MATTHEW  
Address 36 E. WINTER PARK ST.  
City-State-Zip: ORLANDO FL 32804

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

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

Title D  
Name COLLIN, LESLIE  
Address 515 S. DELANEY AVENUE  
City-State-Zip: ORLANDO FL 32801