

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739736

FILED  
Jan 23, 2009  
Secretary of State

Entity Name: KINNERET II, INC.

## Current Principal Place of Business:

517 S DELANEY AVENUE  
ORLANDO, FL 32801

## New Principal Place of Business:

## Current Mailing Address:

517 S DELANEY AVENUE  
ORLANDO, FL 32801

## New Mailing Address:

11300 4TH STREET N.  
SUITE 200  
ORLANDO, FL 32801

FEI Number: 59-1760028

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHADWICK, JAMES M  
11300 4TH ST N  
SUITE 200  
SAINT PETERSBURG, FL 33716 US

## Name and Address of New Registered Agent:

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

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: PEARLMAN, RHONDA K  
Address: 3900 NEPTUNE DR  
City-St-Zip: ORLANDO, FL 32804

Title: D ( ) Delete  
Name: MANDELKERN, PAUL  
Address: 653 SELKIRK DRIVE  
City-St-Zip: WINTER PARK, FL 32792

Title: PD ( ) Delete  
Name: POLEJES, ALISON  
Address: 2110 FORREST  
City-St-Zip: WINTER PARK, FL 32789

Title: VD ( ) Delete  
Name: LEVIN, LAURIE  
Address: 200 S. ORANGE AVE, SUITE 2300  
City-St-Zip: ORLANDO, FL 32801

Title: D ( ) Delete  
Name: HALIKMAN, FARLAN  
Address: 1201 S ORLANDO AVE STE 400  
City-St-Zip: WINTER PARK, FL 32789

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: HALIKMAN, FARLAN  
Address: 1201 S ORLANDO AVE STE 400  
City-St-Zip: WINTER PARK, FL 32789

Title: SD ( ) Change (X) Addition  
Name: ZIEGLER, FELECIA  
Address: 1201 E. ROBINSON STREET  
City-St-Zip: ORLANDO, FL 32801

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ALISON POLEJES

P

01/23/2009

Electronic Signature of Signing Officer or Director

Date