


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90122 046 \*\*\*\*61.25

**DOCUMENT # N01000008473**

1. Entity Name  
**ABILITIES AT COLLEGE PINES, INC.**



Principal Place of Business  
 2735 WHITNEY RD  
 CLEARWATER, FL 33760

Mailing Address  
 2735 WHITNEY RD  
 CLEARWATER, FL 33760

**60012705**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01122007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent

**THOMAS, GENE**  
 2735 WHITNEY RD  
 CLEARWATER, FL 33760

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                       |                                 |
|----------------|-----------------------|---------------------------------|
| TITLE          | DP                    | <input type="checkbox"/> Delete |
| NAME           | SANDONATO, WILLIAM JR |                                 |
| STREET ADDRESS | 2735 WHITNEY RD       |                                 |
| CITY-ST-ZIP    | CLEARWATER, FL 33760  |                                 |
| TITLE          | DV                    | <input type="checkbox"/> Delete |
| NAME           | KREISLE, LORI         |                                 |
| STREET ADDRESS | 2735 WHITNEY RD       |                                 |
| CITY-ST-ZIP    | CLEARWATER, FL 33760  |                                 |
| TITLE          | ST                    | <input type="checkbox"/> Delete |
| NAME           | DRISCELL, PAT         |                                 |
| STREET ADDRESS | 2735 WHITNEY RD       |                                 |
| CITY-ST-ZIP    | CLEARWATER, FL 33760  |                                 |
| TITLE          | D                     | <input type="checkbox"/> Delete |
| NAME           | KLENKE, GUY           |                                 |
| STREET ADDRESS | 2735 WHITNEY ROAD     |                                 |
| CITY-ST-ZIP    | CLEARWATER, FL 33760  |                                 |
| TITLE          |                       | <input type="checkbox"/> Delete |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |
| TITLE          |                       | <input type="checkbox"/> Delete |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                             |  |
|----------------|-----------------------------|--|
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          |                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <i>Driscoll, Pat</i>        |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          |                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <i>D Simpson, Lori</i>      |  |
| STREET ADDRESS | <i>2735 Whitney Road</i>    |  |
| CITY-ST-ZIP    | <i>Clearwater, FL 33760</i> |  |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lori Simpson* **LORI SIMPSON** **1/22/07** **727-538-7370**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #