

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90037 009 ****61.25



DOCUMENT # N03000010838

1. Entity Name
ABILITIES AT SAN JUAN II, INC.

Principal Place of Business
 2735 WHITNEY ROAD
 CLEARWATER, FL 33758

Mailing Address
 2735 WHITNEY ROAD
 CLEARWATER, FL 33758



2. Principal Place of Business

3. Mailing Address

02182004 Chg-NP CR2E037 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

51-0491999

Applied For
 Not Applicable

Zip

Country

Zip

Country

33760

33760

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEVILLE, MIKE
 2735 WHITNEY ROAD
 CLEARWATER, FL 33758

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
FL Zip Code **33760**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

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	PD	<input type="checkbox"/> Delete
NAME	SANDONATO, WILLIAM JR	
STREET ADDRESS	2735 WHITNEY ROAD	
CITY-ST-ZIP	CLEARWATER, FL 33758	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KREISLE, LORI	
STREET ADDRESS	2735 WHITNEY ROAD	
CITY-ST-ZIP	CLEARWATER, FL 33758	
TITLE	STD	<input type="checkbox"/> Delete
NAME	NEVILLE, MIKE	
STREET ADDRESS	2735 WHITNEY ROAD	
CITY-ST-ZIP	CLEARWATER, FL 33758	
TITLE	D	<input type="checkbox"/> Delete
NAME	KLENKE, GUY	
STREET ADDRESS	2735 WHITNEY ROAD	
CITY-ST-ZIP	CLEARWATER, FL 33758	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		33760
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		33760
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		33760
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 J. Kreisle **LORI J. Kreisle** **2-20-04** **727-538-7370**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #