


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # N03000010838  
 1. Entity Name  
 ABILITIES AT SAN JUAN II, INC.



Principal Place of Business  
 2735 WHITNEY ROAD  
 CLEARWATER, FL 33760

Mailing Address  
 2735 WHITNEY ROAD  
 CLEARWATER, FL 33760

**DO NOT WRITE IN THIS SPACE**



03012006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
 51-0491999 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS, GENE VP  
 2735 WHITNEY ROAD  
 CLEARWATER, FL 33760

**DO NOT WRITE IN THIS SPACE**

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, 2006**

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

03/22/06-80044-025 61.25

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	SANDONATO, WILLIAM JR
STREET ADDRESS	2735 WHITNEY ROAD
CITY-ST-ZIP	CLEARWATER, FL 33760
TITLE	VD
NAME	KREISLE, LORI
STREET ADDRESS	2735 WHITNEY RD.
CITY-ST-ZIP	CLEARWATER, FL 33760
TITLE	STD
NAME	NEVILLE, MIKE
STREET ADDRESS	2735 WHITNEY ROAD
CITY-ST-ZIP	CLEARWATER, FL 33760
TITLE	D
NAME	KLENKE, GUY
STREET ADDRESS	2735 WHITNEY ROAD
CITY-ST-ZIP	CLEARWATER, FL 33760
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 Kreisle* 3-2-06 729-538-7370