

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 14, 2008  
Secretary of State**

DOCUMENT# N03000010838

Entity Name: ABILITIES AT SAN JUAN II, INC.

**Current Principal Place of Business:**

2735 WHITNEY ROAD  
CLEARWATER, FL 33760

**New Principal Place of Business:**

**Current Mailing Address:**

2735 WHITNEY ROAD  
CLEARWATER, FL 33760

**New Mailing Address:**

FEI Number: 51-0491999      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THOMAS, GENE VP  
2735 WHITNEY ROAD  
CLEARWATER, FL 33760      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: PD ( ) Delete  
Name: SANDONATO, WILLIAM JR  
Address: 2735 WHITNEY ROAD  
City-St-Zip: CLEARWATER, FL 33760

Title: VD ( ) Delete  
Name: KREISLE, LORI  
Address: 2735 WHITNEY RD.  
City-St-Zip: CLEARWATER, FL 33760

Title: ST ( ) Delete  
Name: DRISCOLL, PAT  
Address: 2735 WHITNEY ROAD  
City-St-Zip: CLEARWATER, FL 33760

Title: D ( ) Delete  
Name: KLENKE, GUY  
Address: 2735 WHITNEY ROAD  
City-St-Zip: CLEARWATER, FL 33760

Title: D (X) Delete  
Name: SIMPSON, LORI  
Address: 2735 WHITNEY RD  
City-St-Zip: CLEARWATER, FL 33760

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: ST (X) Change ( ) Addition  
Name: NEVILLE, MIKE  
Address: 2735 WHITNEY ROAD  
City-St-Zip: CLEARWATER, FL 33760

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

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

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: LORI KREISLE

VD

03/14/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date