FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N9400006058 (1) DOCUMENT #
1. Corporation Name

ABILITIES AT MORNINGSIDE, INC.

FILED May 13 1997 8:00am Secretary of State



275 WHTNEY RD CLEARWATER FL 34620 2. Principal Place of Business 2. A Mailing Address 2. Principal Place of Business 2. Suite, April #, etc. 2. City & State 2. City & State 2. Country 2. December 1. State 1. Suite 2. Suite, April #, etc. 2. Principal Place of Business 3. Date incorporated or Qualified 150-Unit966 4. FEI Number 59-3317445 3. Date incorporated or Qualified 150-Unit966 5. Certificate of Status Desired 3. Report 59-3317445 3. Date incorporated or Qualified 150-Unit966 5. Certificate of Status Desired 3. Report 59-03-117445 3. Date incorporated or Qualified 150-Unit966 5. Certificate of Status Desired 3. Report 59-03-117445 3. Date incorporated account 59-03-117445 3. Date incorporated or Qualified 150-Unit966 5. Certificate of Status Desired 3. Report 59-03-117445 3. Date incorporated account 59-03-117445 3. Date incorporated account 59-03-117445 3. Date incorporated or Qualified 150-Unit966 3. Date incorporated or Qualified 150-Unit966 3. Date incorporated account 59-03-117445 3. Date incorporated account 59-03-117445 3. Date incorporated or Qualified 150-Unit966 3. Date incorporated or Cualified 150-Unit966 3. Date incorporated in Color 150-03-11745 3. Date incorporated or Cualified 150-Unit966 3. Date incorporated inc											
CLEARWATER FL 34620 CLEARWATER FL 34620 Suite, Apt. #, etc. 2a. Mailing Address 2b. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country 2b	Principal Place of Business Malling Address						i			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	#11 21 7507 1457
2. Principal Place of Business											
Suite, Apt #, etc. Suite,								3. Date Incorporated or Qualified 12/12/1994	3a. Da	ite of Last R 05/01/19	eport 1 96
Suite, Apt. #f, etc. Suite, Apt. #f, etc. Suite, Apt. #f, etc. Suite, Apt. #f, etc. Suite, Apt. #f, etc. Suite, Apt. #f, etc. City & State		Place of Business	⊢ '				4. FEI Number 59-3317445			oplied For	
City & State City & State City & State City & State City & State City & State City & State City & State Country Zip Country Zip Country Zip Country Zip Country Zip Country Zip R. This corporation has liability for intangible tax under e. 1993. Plorida Statutes Yes No No No No No No No N	Suite, Apt.	t. #, etc.						5. Certificate of Status Desired		\$8.75	Additional
Zip Country Zip Country	City & State	ite						, , -			
24	Ζιρ	Country		Cour	ntry				ntanoible		
SANDONATO, WILLIAM JR 2735 WHITNEY RD CLEARWATER FL 34620 82 Street Address (P.O. Box Number is Not Acceptable) 83 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its region office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registed agent, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE Synatise typed or printed name of registered agent and this if applicable OPFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN INTERPRETADORESS CITY-ST-ZIP TITLE DP DELETE 11. STREET ADORESS CITY-ST-ZIP TITLE D DELETE 13. STREET ADORESS CITY-ST-ZIP TITLE D DELETE 14. CITY-ST-ZIP TITLE D DELETE 15. STREET ADORESS CITY-ST-ZIP TAMPA FL 33606 2.4 City-ST-ZIP DELETE 3.1 TITLE D Change	4			30				Florida Statutes] Yes [] No	
SANDONATO, WILLIAM JR 2735 WHITNEY RD CLEARWATER FL 34620 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature		9. Name and Address of Current	Registered Agent			<u> </u>	1	0. Name and Address of New Re	glatered	Agent	
2735 WHITNEY RD CLEARWATER FL 34620 84 City FL 85 ZIp Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regist agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature typed or printed name of registered agent and trief il applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE DP				J'	ויש	Name					
CLEARWATER FL 34620 84 City City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regist agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature typed or printed name of registered agent and this ill applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ITILE OP OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ITILE ATTEBERRY, WILLIAM 421 BELLE ISLE DELLEAIR BEACH FL 34635 14.CITY-ST-ZIP ITILE D DELETE 21 TITLE D Change Change Change CHY-ST-ZIP TAMPA FL 33608 1.2 ACITY-ST-ZIP DELETE 3.1 TITLE DST DELETE 3.1 TITLE DC Change Change Change Change Change Change Change Change Change				Ī	B2	2 Street Add		dress (P.O. Box Number is Not Acceptable)			
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regist agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature hyped or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE DP DELETE 1.1 TITLE NAME ATTEBERRY, WILLIAM SIRRET ADDRESS CITY-ST-ZIP DELLE ISLE 1.3 STREET ADDRESS CITY-ST-ZIP DELLEAIR BEACH FL 34635 1.4 CITY-ST-ZIP TITLE D D DELETE 2.1 TITLE Change D NAME LEONARDO, KAREN P 2.2 NAME STREET ADDRESS CITY-ST-ZIP TAMPA FL 33606 2.4 CITY-ST-ZIP TITLE DST DELETE 3.1 TITLE Change D SANDONATO, WILLIAM JR				Ī	83						
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its region office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regist agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature typed or printed name of registered agent and bite if applicable. (NOTE: Registered Agent algorithms required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE NAME STREET ADDRESS CITY-ST-ZIP DELLE ISLE DELLE ISLE DELLE ISLE LEONARDO, KAREN P 12. NAME STREET ADDRESS CITY-ST-ZIP TITLE DT LEONARDO, KAREN P 2.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DST DELETE 3.1 TITLE Change				Ī	64	City			Ħ۱	85 Zip	Code
Signature typed or printed name of registered agent and bite if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS IN 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11/ILE OP DELETE 1.1 TITLE Change I NAME ATTEBERRY, WILLIAM 1.2 NAME STREET ADDRESS CITY-ST-ZIP DELLE ISLE OFFICERS AND DIRECTORS IN 1.2 NAME 1.2 NAME 1.3 STREET ADDRESS CITY-ST-ZIP DELLEAR BEACH FL 34635 1.4 CITY-ST-ZIP NAME LEONARDO, KAREN P 2.2 NAME STREET ADDRESS CITY-ST-ZIP TAMPA FL 33608 CITY-ST-ZIP TAMPA FL 33608 TAMPA FL 33608 DELETE 3.1 TITLE DST DELETE 3.1 TITLE NAME SANDONATO, WILLIAM JR 1.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.2 NAME 3.2 NAME	11. Pursuant office or r agent. I a	t to the provisions of Sections 617.0502 registered agent, or both, in the State of am familiar with, and accept the obliga	and 617.1508, Florida Statut of Florida. Such change was a tions of, Section 617.0503, Flo	es, the ab authorized orida Statu	ove- by to ites.	named the corp	corpora poration	lion submits this statement for the p s board of directors. I hereby accep	urpose of	changing if	s registered registered
12. OFFICERS AND DIRECTORS IN TITLE DP DELETE 1.1 TITLE Change DELETE 1.2 NAME ATTEBERRY, WILLIAM 1.2 NAME STREET ADDRESS DELLEAIR BEACH FL 34635 1.4 CITY-ST-ZIP TITLE D DELETE 2.1 TITLE Change DELETE CITY-ST-ZIP STREET ADDRESS GENEVA PL 2.3 STREET ADDRESS CITY-ST-ZIP TITLE DST DELETE 3.1 TITLE Change DELETE 3.1 TITLE Change DELETE 3.1 TITLE DST DELETE 3.2 NAME	SIGNATURE .	Sinnature typed or printed name of registered agen	and title if applicable. (NOT)	F: Registered	Äpeni	l signatura	negulared w	nen reinsteting)	DATE	· · · · · · · · · · · · · · · · · · ·	
NAME STREET ADDRESS CITY-ST-ZIP TITLE D LEONARDO, KAREN P STREET ADDRESS CITY-ST-ZIP TITLE DST TIMPA FL 33606 1.2 NAME 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP TITLE DST DELETE 3.1 TITLE NAME 3.2 NAME 3.2 NAME	12.						7040.00 11			DIRECTOR	RS IN 12
STREET ADDRESS CITY-ST-ZIP DELLEAIR BEACH FL 34635 1.4 CITY-ST-ZIP TITLE D	IITLE	OP	DELETE		1.1 TITLE			<u> </u>		Change	Addition
CITY-ST-ZIP	NAME	ATTEBERRY, WILLIAM		1.2 NAJ	ME						
TITLE	STREET ADDRESS			1.3 STF	REET A	LODRESS					
NAME LEONARDO, KAREN P 2.2 NAME STREET ADDRESS 650 GENEVA PL 2.3 STREET ADDRESS CITY-ST-ZIP TAMPA FL 33606 2.4 CITY-ST-ZIP TILLE DST □ DELETE 3.1 TITLE □ Change □ NAME SANDONATO, WILLIAM JR 3.2 NAME □ □ □	CITY-ST-ZIP	DELLEAIR BEACH FL 34635		1.4 CIT	Y-ST-	- ZIP					
STREET ADDRESS 650 GENEVA PL 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP DELETE 3.1 TITLE Change	IITLE	1 -	☐ DELETE	2.1 TITI	E					Change	Addition
CITY-ST-ZIP TAMPA FL 33606 2,4 CITY-ST-ZIP TITLE DST DELETE 3.1 TITLE Change NAME SANDONATO, WILLIAM JR 3.2 NAME	IAME			2.2 NA	ME				-		
TITLE DST DELETE 3.1 TITLE Change D	STREET ADDRESS			2.3 STF	REETA	UDDRESS					
NAME SANDONATO, WILLIAM JR 3.2 NAME						- ZIP	ļ			Channe	A deficien
										Change	Addition
		4454 BABAEI ANA BA		1			ĺ				
			DUNEDIN FL 34698		3.4. CITY-ST-ZIP						
		DONEDIN 1 E 01090	DELETE			- 211	1			Change	Addition
NAME 1.2 NAME 1.2 NAME 1.2 NAME 1.3 STREET ADDRESS 1.3 IN AVE N	1			ſ			-	D Humburg			
						DDRESS	939				
CITY-ST-ZIP ST Petersburg FL 33701							ST	Petersburg FL 33	3701		
			☐ DELETE		_		<u> </u>	0		Change	Addition
NAME 5.2 NAME	NAME			5.2 NA	ME			·			
STREET ADDRESS 5.3 STREET ADDRESS	STREET ADDRESS	; [5.3 STP	REET A	LDDRESS				•	
CITY - ST - ZIP 5.4 CITY - ST - ZIP	CITY - ST - ZIP			5.4 CIT	Y-ST-	-ZIP					
TILE DELETE 6.1 TITLE Change	ITLE		DELETE	6.1 TITI	ĿĒ					Change	Addition
NAME 6.2 NAME	NAME			6.2 NA	ME			•			
STREET ADDRESS 6.9 STREET ADDRESS	STREET ADDRESS			6.3 STR	LEET A	ODRESS		.*			
CITY-ST-ZIP 6.4 CITY-ST-ZIP	DITY-ST-ZIP			6.4 CIT	Y-ST-	- 21P				····	

I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.