

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 26, 2003 8:00 am**  
**Secretary of State**

02-26-2003 90148 039 \*\*\*\*61.25

**DOCUMENT # N99000000480**

1. Entity Name  
**ABILITIES AT WINDOVER, INC.**



Principal Place of Business  
**2735 WHITNEY ROAD  
CLEARWATER FL 33760**

Mailing Address  
**2735 WHITNEY ROAD  
CLEARWATER FL 33760**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-3555082**

Applied For  
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SANDONATO, WILLIAM JR.  
2735 WHITNEY ROAD  
CLEARWATER FL 33760**

7. Name and Address of New Registered Agent

Name **Gene Thomas**  
Street Address (P.O. Box Number is Not Acceptable)  
**2735 Whitney Road**  
City **Clearwater** **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 *Gene Thomas* **Gene Thomas** **February 6, 2003**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SANDONATO, WILLIAM JR. 14805 SEMINOLE TRAIL SEMINOLE FL 33776</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD William Sandonato, Jr. 2735 Whitney Road Clearwater, FL 33760</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD LEONARDO, KAREN P 650 GENEVA PLACE TAMPA FL 33606</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD NEVILLE, MIKE 3259 SPANISH MOSS LANE PALM HARBOR FL 34684</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CSTD Mike Neville 2735 Whitney Road Clearwater, FL 33760</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD KREISLE, LORI 5300 10TH AVENUE N SAINT PETERSBURG FL 33710</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E037 (10/02)

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: *Mike Neville* **Mike Neville** **February 6, 2003** **727.538.7370**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR