

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000000230

**FILED**  
**Feb 19, 2020**  
**Secretary of State**  
**1462054881CC**

**Entity Name:** ABILITIES AT PARKLANE, INC.

**Current Principal Place of Business:**

2735 WHITNEY RD.  
CLEARWATER, FL 33760

**Current Mailing Address:**

2735 WHITNEY RD.  
CLEARWATER, FL 33760

**FEI Number:** 59-3617978

**Certificate of Status Desired:** No

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

GENE THOMAS  
2735 WHITNEY ROAD  
CLEARWATER, FL 33760 US

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CICCOLELLI, LISA  
Address        2735 WHITNEY RD.  
City-State-Zip: CLEARWATER FL 33760

Title            CHAIRMAN  
Name            CRUZ, DAWN  
Address        2735 WHITNEY RD  
City-State-Zip: CLEARWATER FL 33760

Title            VC  
Name            SUMNER, ROBERT  
Address        2735 WHITNEY RD  
City-State-Zip: CLEARWATER FL 33760

Title            TREASURER  
Name            QUINNELL-FRIEDLANDER, SHIRLEY  
Address        2735 WHITNEY RD  
City-State-Zip: CLEARWATER FL 33760

Title            DIRECTOR  
Name            MCADAMS, DIANE  
Address        2735 WHITNEY RD  
City-State-Zip: CLEARWATER FL 33760

Title            SECRETARY  
Name            DRISCOLL, PATRICIA  
Address        2735 WHITNEY RD.  
City-State-Zip: CLEARWATER FL 33760

Title            DIRECTOR  
Name            SOUTHCOTT, KEVIN  
Address        2735 WHITNEY RD.  
City-State-Zip: CLEARWATER FL 33760

Title            DIRECTOR  
Name            LUMPKIN, MARK  
Address        2735 WHITNEY RD.  
City-State-Zip: CLEARWATER FL 33760

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*I hereby 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 all other like empowered.*

**SIGNATURE:** LISA CICCOLELLI

**PRESIDENT**

**02/19/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           SMITH, RICHARD  
Address        2735 WHITNEY RD.  
City-State-Zip: CLEARWATER FL 33760

Title           DIRECTOR  
Name           GOMEZ, AMANDA  
Address        2735 WHITNEY RD.  
City-State-Zip: CLEARWATER FL 33760