

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000008472

**Entity Name:** ABILITIES AT ST. ANDREWS COVE, INC.

**Current Principal Place of Business:**

2735 WHITNEY RD.  
CLEARWATER, FL 33760

**Current Mailing Address:**

2735 WHITNEY RD.  
CLEARWATER, FL 33760

**FEI Number: 22-3849222**

**Certificate of Status Desired: No**

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

THOMAS, GENE  
2735 WHITNEY RD.  
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           CHAIRMAN  
Name           PAGE, BARBARA  
Address        2735 WHITNEY RD.  
City-State-Zip: CLEARWATER FL 33760

Title           SECRETARY, TREASURER  
Name           TWOHEY, MARY  
Address        2735 WHITNEY RD.  
City-State-Zip: CLEARWATER FL 33760

Title           DIRECTOR  
Name           LARSON, JAN D  
Address        2735 WHITNEY RD.  
City-State-Zip: CLEARWATER FL 33760

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

*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**

**01/26/2017**

Electronic Signature of Signing Officer/Director Detail

Date