

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000008473

**Entity Name:** ABILITIES AT COLLEGE PINES, INC.

**Current Principal Place of Business:**

2735 WHITNEY RD  
CLEARWATER, FL 33760

**Current Mailing Address:**

2735 WHITNEY RD  
CLEARWATER, FL 33760

**FEI Number:** 22-3849262

**Certificate of Status Desired:** No

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

MOTKO, MATTHEW  
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:** MATTHEW MOTKO

01/05/2023

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            SEEDERS, LALANIA  
Address        2735 WHITNEY RD  
City-State-Zip: CLEARWATER FL 33760

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

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

Title            SECRETARY  
Name            MCSHERRY, BARBARA  
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

Title            SECRETARY  
Name            SUPPLEE, JENNIFER  
Address        2735 WHITNEY RD  
City-State-Zip: CLEARWATER FL 33760

Title            TREASURER  
Name            POLLIARD, JAMES  
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:** JAMES R POLLIARD

**TREASURER**

01/05/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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