

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

DOCUMENT# N04000011221

**Entity Name:** ABILITIES AT EAGLES NEST, INC.

**Current Principal Place of Business:**

2735 WHITNEY RD  
CLEARWATER, FL 33760

**Current Mailing Address:**

2735 WHITNEY RD  
CLEARWATER, FL 33760

**FEI Number:** 51-0530353

**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, ROBERT  
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

**Continues on page 2**

*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