

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000007324

**FILED  
Mar 02, 2018  
Secretary of State  
CC4092167172**

**Entity Name:** ABILITIES AT MORNINGSIDE II, INC.

**Current Principal Place of Business:**

2735 WHITNEY RD  
CLEARWATER, FL 33760

**Current Mailing Address:**

2735 WHITNEY RD  
CLEARWATER, FL 33760

**FEI Number:** 27-3201131

**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            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            SECRETARY  
Name            MACKSUM, SCOTT  
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

*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**

**03/02/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date