

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000006057

**Entity Name:** ABILITIES AT FOUNTAIN SQUARE, INC.

**Current Principal Place of Business:**

2735 WHITNEY RD  
CLEARWATER, FL 33760

**Current Mailing Address:**

2735 WHITNEY RD  
CLEARWATER, FL 33760 US

**FEI Number:** 59-3317443

**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           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

Title           DIRECTOR  
Name           SMITH, RICHARD  
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**

**02/10/2021**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title TREASURER  
Name O'KEEFE-FLICKNER, KELLY  
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 DIRECTOR  
Name MOTKO, MATT  
Address 2735 WHITNEY RD  
City-State-Zip: CLEARWATER FL 33760