

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

DOCUMENT# N94000006058

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

**Current Principal Place of Business:**

2735 WHITNEY RD  
CLEARWATER, FL 33760

**Current Mailing Address:**

2735 WHITNEY RD  
CLEARWATER, FL 33760 US

**FEI Number:** 59-3317445

**Certificate of Status Desired:** No

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

GENE, THOMAS  
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 2745 54TH TERRACE N.  
City-State-Zip: ST. PETERSBURG FL 33710

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

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

Title PRESIDENT  
Name CICOLELLI, 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 CICOLELLI

**PRESIDENT**

**01/26/2017**

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

\_\_\_\_\_  
Date