2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT\# N95000005910

Entity Name: ABILITIES AT WINDJAMMER, INC.

## Current Principal Place of Business:

2735 WHITNEY ROAD
CLEARWATER, FL 33760

## Current Mailing Address:

2735 WHITNEY ROAD
CLEARWATER, FL 33760 US

## FEI Number: 59-3352353

Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

THOMAS, GENE
2735 WHITNEY ROAD
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
Officer/Director Detail :

| Title | PRESIDENT | Title | CHAIRMAN |
| :--- | :--- | :--- | :--- |
| Name | CICCOLELLI, LISA | Name | CRUZ, DAWN |
| Address | 2735 WHITNEY ROAD | Address | 2735 WHITNEY RD |
| City-State-Zip: | CLEARWATER FL 33760 | City-State-Zip: | CLEARWATER FL 33760 |
| Title | VC | Title | TREASURER |
| Name | SUMNER, ROBERT | Name | QUINNELL-FRIEDLANDER, SHIRLEY |
| Address | 2735 WHITNEY RD | Address | 2735 WHITNEY RD |
| City-State-Zip: | CLEARWATER FL 33760 | City-State-Zip: | CLEARWATER FL 33760 |
| Title | DIRECTOR | Title | SECRETARY |
| Name | MCADAMS, DIANE | Name | DRISCOLL, PATRICIA |
| Address | 2735 WHITNEY RD | Address | 2735 WHITNEY ROAD |
| City-State-Zip: | CLEARWATER FL 33760 | City-State-Zip: | CLEARWATER FL 33760 |
| Title | DIRECTOR | Title | DIRECTOR |
| Name | SOUTHCOTT, KEVIN | Name | LUMPKIN, MARK |
| Address | 2735 WHITNEY ROAD | Address | 2735 WHITNEY ROAD |
| City-State-Zip: | CLEARWATER FL 33760 | City-State-Zip: | CLEARWATER FL 33760 |

## Continues on page 2

[^0]Officer/Director Detail Continued :

| Title | DIRECTOR | Title | DIRECTOR |
| :--- | :--- | :--- | :--- |
| Name | SMITH, RICHARD | Name | GOMEZ, AMANDA |
| Address | 2735 WHITNEY ROAD | Address | 2735 WHITNEY ROAD |
| City-State-Zip: | CLEARWATER FL 33760 | City-State-Zip: | CLEARWATER FL 33760 |


[^0]:    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

