

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000480

FILED
Feb 10, 2021
Secretary of State
7747304054CC

Entity Name: ABILITIES AT WINDOVER, INC.

Current Principal Place of Business:

2735 WHITNEY ROAD
CLEARWATER, FL 33760

Current Mailing Address:

2735 WHITNEY ROAD
CLEARWATER, FL 33760

FEI Number: 59-3555082

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

_____ Date

Officer/Director Detail :

Title PRESIDENT
Name CICCOLELLI, LISA
Address 2735 WHITNEY ROAD
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 ROAD
City-State-Zip: CLEARWATER FL 33760

Title DIRECTOR
Name SOUTHCOTT, KEVIN
Address 2735 WHITNEY ROAD
City-State-Zip: CLEARWATER FL 33760

Title DIRECTOR
Name LUMPKIN, MARK
Address 2735 WHITNEY ROAD
City-State-Zip: CLEARWATER FL 33760

Title DIRECTOR
Name SMITH, RICHARD
Address 2735 WHITNEY ROAD
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: 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 ROAD
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