

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90124 020 ****61.25

DOCUMENT # N01000001488

1. Entity Name
ABILITIES AT CRESTVIEW, INC.



Principal Place of Business
2735 WHITNEY RD
CLEARWATER, FL 33766

Mailing Address
2735 WHITNEY RD
CLEARWATER, FL 33766

60014031



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01122007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
31-1765941

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMAS, GENE
2735 WHITNEY RD
CLEARWATER, FL 33760

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME SANDONATO, WILLIAM JR
STREET ADDRESS 2735 WHITNEY ROAD
CITY-ST-ZIP CLEARWATER, FL 33760 ☐ Delete

TITLE VD
NAME KREISLE, LORI
STREET ADDRESS 5300 10TH AVE N
CITY-ST-ZIP SAINT PETERSBURG, FL 33710 ☐ Delete

TITLE ST
NAME DRISCELL, PAT
STREET ADDRESS 2735 WHITNEY ROAD
CITY-ST-ZIP CLEARWATER, FL 33760 ☐ Delete

TITLE D
NAME KLONKE, GUY
STREET ADDRESS 2735 WHITNEY ROAD
CITY-ST-ZIP CLEARWATER, FL 33760 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME Driscoll, Pat
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME Klonke, Guy
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE D
NAME Simpson, Lori
STREET ADDRESS 2735 Whitney Road
CITY-ST-ZIP Clearwater, FL 33760 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lori Simpson* LORI SIMPSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/07

Date

727-538-7370

Daytime Phone #