


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-05-2007 90124 018 \*\*\*\*61.25

<b>DOCUMENT # N95000005915</b>	
1. Entity Name ABILITIES AT WOODSIDE, INC.	

Principal Place of Business 2735 WHITNEY ROAD CLEARWATER, FL 33760 US	Mailing Address 2735 WHITNEY ROAD CLEARWATER, FL 33760 US
---	---

**60012833**



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01122007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3352350	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent	
THOMAS, GENE 2735 WHITNEY ROAD CLEARWATER, FL 33760	

7. Name and Address of New Registered Agent	
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
-----------	--	------

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
---	---	--	--

10. OFFICERS AND DIRECTORS	
TITLE	VD <input type="checkbox"/> Delete
NAME	KREISLE, LORI
STREET ADDRESS	5300 10TH AVE N
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710
TITLE	PD <input type="checkbox"/> Delete
NAME	SANDONATO, WILLIAM JR
STREET ADDRESS	2735 WHITNEY RD
CITY-ST-ZIP	CLEARWATER, FL 33760
TITLE	ST <input type="checkbox"/> Delete
NAME	DRISCELL, PAT
STREET ADDRESS	2735 WHITNEY RD
CITY-ST-ZIP	CLEARWATER, FL 33760
TITLE	D <input type="checkbox"/> Delete
NAME	KLEAKE, GUY
STREET ADDRESS	2735 WHITNEY ROAD
CITY-ST-ZIP	CLEARWATER, FL 33760
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Driscoll, Pat
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Klenke, Guy
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D Simpson, Lori
STREET ADDRESS	2735 Whitney Road
CITY-ST-ZIP	Clearwater, FL 33760
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: <i>Lori Simpson</i> LORI SIMPSON	1/20/07	727-538-7370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #