

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000004578

**Entity Name:** SELKIE ABILITY INC.

**Current Principal Place of Business:**

470 WISTERIA RD  
VENICE, FL 34293

**Current Mailing Address:**

470 WISTERIA RD  
VENICE, FL 34293 US

**FEI Number:** 83-2146698

**Certificate of Status Desired:** No

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

KABANA, SUSAN T  
470 WISTERIA RD  
VENICE, FL 34293 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 P  
Name KABANA, SUSAN T  
Address 470 WISTERIA RD  
City-State-Zip: VENICE FL 34293

Title DIR.  
Name KABANA, JOHN A  
Address 470 WISTERIA RD  
City-State-Zip: VENICE FL 34293

Title DIR.  
Name THOMPSON, FREMONT  
Address 8345 MANASOTA KEY RD  
City-State-Zip: ENGLEWOOD FL 34223

Title DIR.  
Name THOMPSON, MARYKAY  
Address 8345 MANASOTA KEY RD  
City-State-Zip: ENGLEWOOD FL 34223

Title OFF.  
Name ALONSO, HOLLY G  
Address 394 RALLUS RD  
City-State-Zip: VENICE FL 34293

*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:** SUSAN KABANA

**PRESIDENT**

**02/11/2019**

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

\_\_\_\_\_  
Date