2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2025
Secretary of State
8455401475CC

DOCUMENT# N95000005152

Entity Name: CHADWYCK SQUARE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

ABILITY MANAGEMENT, INC.
6736 LONE OAK BLVD
NAPLES, FL 34109

Current Mailing Address:

ABILITY MANAGEMENT, INC.
6736 LONE OAK BLVD
NAPLES, FL 34109 US

FEI Number: 36-4108212

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ABILITY MANAGEMENT, INC.
ABILITY MANAGEMENT, INC.
6736 LONE OAK BLVD
NAPLES, FL 34109 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: DENNIS LIVELY 03/20/2025

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT	Title	VP
Name	GLATT, GARY	Name	LANDSDEN, TOM
Address	ABILITY MANAGEMENT, INC. 6736 LONE OAK BLVD	Address	ABILITY MANAGEMENT, INC. 6736 LONE OAK BLVD
City-State-Zip:	NAPLES FL 34109	City-State-Zip:	NAPLES FL 34109
Title	TREASURER	Title	SECRETARY
Name	GREER, JOE	Name	ENGLAND, PHILIP
Address	ABILITY MANAGEMENT, INC. 6736 LONE OAK BLVD	Address	ABILITY MANAGEMENT, INC. 6736 LONE OAK BLVD
City-State-Zip:	NAPLES FL 34109	City-State-Zip:	NAPLES FL 34109
Title	DIRECTOR		
Name	FRIDH, KYLE		
Address	ABILITY MANAGEMENT, INC. 6736 LONE OAK BLVD		
City-State-Zip:	NAPLES FL 34109		

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: GARY GLATT PRESIDENT 03/20/2025

Electronic Signature of Signing Officer/Director Detail — Date