2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 10, 2004 8:00 am Secretary of State

1. Entity Nam	MENT # N01000000 A.L.T. OF COLLIER COUN					03-10-2004 900	-	
Principal Place of Business 3301TAMIAMI TR E, BLDG J NAPLES, FL 34112 2. Principal Place of Business		Mailing Address 5811 PELICAN BAY BLVD. 201 NAPLES, FL 34108 3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01272004	Chg-NP CR	2E037 (10/03)	
City & State		City & State		 g	4. FEI Number Applied For 62-1853141 Not Applicable			
Zip	Country	Zip	Coul	ntry	5. Certificate of	Status Desired	\$8.75 Add Fee Require	
متنتد دند	- 6 Name and Address of Current	Registered Agent		ه ڪت د		dress of New Registe	ered Agent	y
ALIOTINI A	on ruchs			Name .				
AUSTIN, ARLENE R.F. 5811 PELICAN BAY BLVD, STE 201 NAPLES, FL: 34108				Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip Code		
SIGNATURE	tions of registered agent	Justin				02	101/04	•
	Signature, typed or printed name of registered agent	and title if applicable. • (NOT	E. Registered	d Agent signature	e required when reinstating)	··· ···· ··· ·	DATE	-
And the second	Filling Fee is \$61.25 Due by May 1, 2004	and title II applicable. (NOT 9. Election Car Trust Fund (mpaign Fi	inancing	_ \$5.00 May Be	Make o	check payable to department of Si	
10.	Filing Fee is \$61.25	9. Election Car Trust Fund (mpaign Fi	inancing	\$5.00 May Be Added to Fees	Make o	check payable to	tate
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12. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), 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 otherwise empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/25/04

Daytime Phone #