

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000587

FILED
Apr 28, 2006
Secretary of State

Entity Name: TRIAD/S.A.L.T. OF COLLIER COUNTY, INC.

Current Principal Place of Business:

3301TAMIAMI TR E, BLDG J
NAPLES, FL 34112

New Principal Place of Business:

Current Mailing Address:

5811 PELICAN BAY BLVD.
201
NAPLES, FL 34108

New Mailing Address:

FEI Number: 62-1853141

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AUSTIN, ARLENE P
5811 PELICAN BAY BLVD, STE 201
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: PATTERSON, BARBARA J
Address: 770 GOODLETTE ROAD N.
City-St-Zip: NAPLES, FL 34102

Title: TD () Delete
Name: SCHULTZ, GAIL
Address: 17903 OAKMONT RIDGE CIRCLE
City-St-Zip: FORT MYERS, FL 33912

Title: VPD () Delete
Name: ROBERTS, ROD
Address: 501 GOODLETTE ROAD, N, #C-111
City-St-Zip: NAPLES, FL 34102

Title: SD () Delete
Name: FOSTER, SUZANNE
Address: 6825 DAVIS BLVD
City-St-Zip: NAPLES, FL 34104

Title: SD (X) Delete
Name: SMITH, ANNALISE
Address: 5482 RATTLESNAKE HAMMOCK ROAD
City-St-Zip: NAPLES, FL 34113

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: SHAUGHNESSY, MARY
Address: 770 GOODLETTE ROAD N.
City-St-Zip: NAPLES, FL 34102

Title: VPD (X) Change () Addition
Name: FOLAND, SANDY
Address: 3421 BONITA BEACH ROAD #405
City-St-Zip: BONITA SPRINGS, FL 34134

Title: SD (X) Change () Addition
Name: SMITH, ANNALISE
Address: 5482 RATTLESNAKE HAMMOCK ROAD
City-St-Zip: NAPLES, FL 34113

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BARBARA J. PATTERSON

CD

04/28/2006

Electronic Signature of Signing Officer or Director

Date