

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000587

FILED
May 07, 2007
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:

700 11TH ST. SOUTH
SUITE 102
NAPLES, FL 34102

Current Mailing Address:

5811 PELICAN BAY BLVD.
201
NAPLES, FL 34108

New Mailing Address:

700 11TH ST. SOUTH
102
NAPLES, FL 34102

FEI Number: 62-1853141 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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:

AUSTIN, ARLENE P
700 11TH ST. SOUTH
SUITE 102
NAPLES, FL 34102 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: _____

05/07/2007

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: SHAUGHNESSY, MARY
Address: 770 GOODLETTE ROAD N.
City-St-Zip: NAPLES, FL 34102

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: FOLAND, SANDRA
Address: 4061 BONITA BEACH ROAD 208
City-St-Zip: BONITAL SPRINGS, FL 34134

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

Title: VPD (X) Change () Addition
Name: SCIAVOLINO, JULIA
Address: 770 GOODLETTE ROAD N.
City-St-Zip: NAPLES, FL 34102

Title: SD (X) Change () Addition
Name: THORNE, JOHN
Address: 181 SABAL LAKE DRIVE
City-St-Zip: NAPLES, FL 34104

I hereby certify that the information supplied with this filing does not qualify 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: JULIA SCIAVOLINO

VPD

05/07/2007

Electronic Signature of Signing Officer or Director

Date