

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000587

FILED
Sep 03, 2009
Secretary of State

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

Current Principal Place of Business:

770 GOODLETTE RD. N.
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

PO BOX 8717
NAPLES, FL 34101

New Mailing Address:

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 F
700 11TH STREET SOUTH
SUITE 102
NAPLES, FL 34102 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: FOLAND, SANDRA
Address: 4061 BONITA BEACH ROAD 208
City-St-Zip: BONITAL SPRINGS, FL 34134

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

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

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

Title: DT () Delete
Name: LARSON, ANGELA
Address: 3301 E. TAMiami TRAIL, BLDG. J1
City-St-Zip: NAPLES, FL 34112

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change () Addition
Name: DOWNEY, SHARON
Address: 553 GALLEON DR.
City-St-Zip: NAPLES, FL 34102

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

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

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

Title: TD () Change (X) Addition
Name: DOWNEY, SHARON
Address: 553 GALLEON DR.
City-St-Zip: NAPLES, FL 34102 CO

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: SHARON DOWNEY

TD

09/03/2009

Electronic Signature of Signing Officer or Director

Date