

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90206 030 \*\*\*\*61.25

**DOCUMENT # 729574**

1. Entity Name

**SOUTHWEST FLORIDA REGIONAL MEDICAL CENTER  
AUXILIARY, INC.**



Principal Place of Business

2727 WINKLER AVE.  
FORT MYERS FL 33901

Mailing Address

2727 WINKLER AVE.  
FORT MYERS FL 33901

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-1736762

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCREYNOLD, MICHAEL  
2727 WINKLER AVE  
FORT MYERS FL 33901**

Name

**SUSAN CROWE**

Street Address (P.O. Box Number is Not Acceptable)

**2727 WINKLER AVE.**

City

**FT. MYERS**

FL

Zip Code

**33901**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**NANCY ELKIN**

**Nancy B. Elkin**

**4/17/07**

Signature, typed or printed name of registered agent and title if applicable.

(Not E. Registered Agent signature required when registering.)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HUTCHINSON, BETTY	
STREET ADDRESS	1 KEMP ST	
CITY-STATE-ZIP	ALVA FL 33920	
TITLE	CS	<input checked="" type="checkbox"/> Delete
NAME	WEISS, LORINE	
STREET ADDRESS	4811 ANCHORAGE	
CITY-STATE-ZIP	FORT MYERS FL 33912	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ELKIN, NANCY	
STREET ADDRESS	5989 PARK RD., S.W.	
CITY-STATE-ZIP	FT MYERS FL	
TITLE	1V	<input checked="" type="checkbox"/> Delete
NAME	NEWMAN, JOAN	
STREET ADDRESS	15091 BAGPIPE WAY # D101	
CITY-STATE-ZIP	FORT MYERS FL 33912	
TITLE	RS	<input checked="" type="checkbox"/> Delete
NAME	MORAN, JEAN	
STREET ADDRESS	17633 CAPTIVA ISLAND LN	
CITY-STATE-ZIP	FORT MYERS FL 33908	
TITLE	2V	<input checked="" type="checkbox"/> Delete
NAME	MILLER, BARBARA	
STREET ADDRESS	1624 PINE VALLEY DRIVE, # 113	
CITY-STATE-ZIP	FORT MYERS FL 33907	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOAN NEWMAN	
STREET ADDRESS	15091 BAGPIPEWAY #D101	
CITY-STATE-ZIP	FT. MYERS, FL 33912	
TITLE	CAROL JOHNSON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	12804 REDLESTON CIRCLE	
CITY-STATE-ZIP	FT. MYERS, FL 33912	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	BETTY NORTON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8421 SOUTHBRIDGE DR. APT. 4	
CITY-STATE-ZIP	FT. MYERS, FL 33967	
TITLE	ANNA GOLL SONDERMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2786 ORIENTES ST.	
CITY-STATE-ZIP	FT. MYERS, FL 33917	
TITLE	JEAN MORAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	17633 CAPTIVA ISLAND LN	
CITY-STATE-ZIP	FT. MYERS, FL 33908	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 other like empowered.

SIGNATURE:

**NANCY B. ELKIN**

**4/17/07**

**239-999-8636**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #