

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 12, 2005 8:00 am
Secretary of State

07-12-2005 90040 012 ****61.25

DOCUMENT # 760 386

1. Entity Name

LEHIGH HOSPITAL AUX, INC

DO NOT WRITE IN THIS SPACE

14018739

2. Principal Place of Business
1500 LEE BLVD

3. Mailing Address
1500 LEE BLVD

Suite, Apt #, etc

Suite, Apt. #, etc,

DO NOT WRITE IN THIS SPACE

City & State
LEHIGH ACRES, FL

City & State
LEHIGH ACRES, FL

4. FEI Number
59-2190899

Applied For
Not Applicable

Zip
33936

Country
LEE

Zip
33936

Country
LEE

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
BORGHILD ROTONDO

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

City
LEHIGH ACRES

FL

Zip Code
33936

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

Borghild Rotondo - President

* Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

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 PRESIDENT
NAME BORGHILD ROTONDO
STREET ADDRESS 910 HUDSON AVE
CITY-ST-ZIP LEHIGH ACRES, FL 33936

TITLE VICE PRESIDENT
NAME LILLIAN BEAUREGARD
STREET ADDRESS 348 INWOOD AVE
CITY-ST-ZIP LEHIGH ACRES, FL 33936

TITLE RECORDING SECRETARY
NAME LOREEN MORTON
STREET ADDRESS 809 ROOSEVELT AVE
CITY-ST-ZIP LEHIGH ACRES, FL 33972

TITLE TREASURER
NAME CAROLE HOPE
STREET ADDRESS 405 MCKINLEY AVE
CITY-ST-ZIP LEHIGH ACRES, FL 33936

TITLE DIRECTOR
NAME ROSEMARY MOHR
STREET ADDRESS 106 CANTON AVE
CITY-ST-ZIP LEHIGH ACRES, FL 33972

TITLE DIRECTOR
NAME VIRGINIA PACKER
STREET ADDRESS 316 LAMELLA AVE
CITY-ST-ZIP LEHIGH ACRES, FL 33936

11.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Borghild Rotondo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-06-05 **369-2101**
Daytime Phone #