


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90185 012 \*\*\*\*61.25

<b>DOCUMENT # 760386</b>	
1. Entity Name LEHIGH HOSPITAL AUXILIARY, INC.	

Principal Place of Business 1500 LEE BLVD LEHIGH ACRES, FL 33936	Mailing Address 1500 LEE BLVD LEHIGH ACRES, FL 33936
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2. Principal Place of Business 1500 Lee Blvd.	3. Mailing Address 1500 Lee Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Lehigh Acres, FL	City & State Lehigh Acres, FL
Zip 33936	Zip 33936
Country Lee	Country Lee

40062815



04142006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-2190899	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BORGHILD, ROTONDO 910 HUDSON AVE LEHIGH ACRES, FL 33936	7. Name and Address of New Registered Agent Name Borghild Rotondo Street Address (P.O. Box Number is Not Acceptable) 919 Hudson Ave. City Lehigh Acres FL Zip Code 33936
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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 DATE 4-17-06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BORGHILD, ROTONDO 910 HUDSON AVE LEHIGH ACRES, FL 33936 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BEAUREGARD, LILLIAN 348 INWOOD AVE LEHIGH ACRES, FL 33936 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARIA CHEVALIER 1238 VILLAGE LAKES BLVD Lehigh Acres FL 33936 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS PERRY, ELIZABETH 809 ROOSEVELT AVE LEHIGH ACRES, FL 33972 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS VIRGINIA PACKER 316 LAMELLA AVE Lehigh Acres FL 33936 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOPE, CAROLE 405 MCKINLEY AVE LEHIGH ACRES, FL 33936 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEANORE KING 502 GERAID AVE. Lehigh Acres FL 33972 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOHR, ROSEMARY 106 CANTON AVE LEHIGH ACRES, FL 33972 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PACKER, VIRGINIA 316 LAMELLA AVE LEHIGH ACRES, FL 33936 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBARA PENDER 1020 CANTON AVE Lehigh Acres FL 33972 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Borghild Rotondo - Pres. Borghild Rotondo 4-17-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #