

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90116 028 ****70.00

DOCUMENT # N16745

1. Entity Name

LEE COUNTY MEDICAL SOCIETY AUXILIARY, INC.



Principal Place of Business

13300-56 S CLEVELAND AVE
112
FORT MYERS FL 33907

Mailing Address

13300-56 S CLEVELAND AVE
112
FORT MYERS FL 33907

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-1766330

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

WILKE, ANNE
3805 FOWLER STREET
FT. MYERS FL 33901

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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	D	<input checked="" type="checkbox"/> Delete
NAME	SHAH, ANN	
STREET ADDRESS	845 DUN & RIVER DR	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KARMA, MARINO	
STREET ADDRESS	12460 TEAK CIRCLE	
CITY-ST-ZIP	FORT MYERS FL 33913	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GARRAMONE, GLYNN	
STREET ADDRESS	3735 OXFORD ST	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ZUCKER, SHERRI	
STREET ADDRESS	13662 PINEVILLE LANE	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	S	<input type="checkbox"/> Delete
NAME	SADIGHI, TAMMY	
STREET ADDRESS	4840 LAUREL LN	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	S	<input type="checkbox"/> Delete
NAME	TYSON, MICHELE	
STREET ADDRESS	9806 LEEWARD CT	
CITY-ST-ZIP	FORT MYERS FL 33919	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tami Traiger	
STREET ADDRESS	2627 SW 29th Ave.	
CITY-ST-ZIP	Cape Coral, FL 33914	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jennifer Kim	
STREET ADDRESS	8530 Belle Meade Dr.	
CITY-ST-ZIP	Ft Myers, FL 33908	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary Macchiaroli	
STREET ADDRESS	4503 SE 22nd Place	
CITY-ST-ZIP	Cape Coral, FL 33904	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sadighi, Tami	
STREET ADDRESS	4840 Laurel Ln	
CITY-ST-ZIP	Ft. Myers, FL 33919	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tyson, Michele	
STREET ADDRESS	9806 Leeward Ct.	
CITY-ST-ZIP	Ft. Myers, FL 33919	

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:

Charles W. Lane

2-20-06

239-770-1516