

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760386

Entity Name: LEHIGH HOSPITAL AUXILIARY, INC.**Current Principal Place of Business:**1500 LEE BLVD
LEHIGH ACRES, FL 33936**Current Mailing Address:**1500 LEE BLVD
LEHIGH ACRES, FL 33936 US**FEI Number:** 59-2190899**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROTONDO, BORGHILD
919 HUDSON STREET
LEHIGH ACRES, FL 33936 US*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**Officer/Director Detail :**

Title	DIRECTOR
Name	PICA, JOAN
Address	23 CONNECTICUT ROAD
City-State-Zip:	LEHIGH ACRES FL 33936

Title	PRESIDENT
Name	EILF, LIZ
Address	1500 LEE BLVD
City-State-Zip:	LEHIGH ACRES FL 33936

Title	VP
Name	COLLINS, JANET
Address	1500 LEE BLVD
City-State-Zip:	LEHIGH ACRES FL 33936

Title	SECRETARY
Name	LANTZ, NANCY
Address	1500 LEE BLVD
City-State-Zip:	LEHIGH ACRES FL 33936

Title	DIRECTOR
Name	WOLFSON, MARGARITA
Address	1500 LEE BLVD
City-State-Zip:	LEHIGH ACRES FL 33936

Title	DIRECTOR
Name	SIVITZER, MARGARET
Address	1500 LEE BLVD
City-State-Zip:	LEHIGH ACRES FL 33936

Title	TREASURER
Name	MATTER, DAVID
Address	1500 LEE BLVD
City-State-Zip:	LEHIGH ACRES FL 33936

Title	DIRECTOR
Name	WOLFSON, MICKELL
Address	1500 LEE BLVD
City-State-Zip:	LEHIGH ACRES FL 33936

I hereby 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 all other like empowered.

SIGNATURE: LIZ EILF**PRESIDENT****02/26/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date