


**2008 NOT-FOR-PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

DOCUMENT # 743863  
1. Entity Name  
THE LEDGES CONDOMINIUM, INC.



**FILED**  
08 JUL 25 PM 12:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
8305 SW 72 AVE  
MIAMI, FL 33143

Mailing Address  
9000 SW 152 ST, SUITE 102  
MIAMI, FL 33157



2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

06182008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number  
59-1887539

Applied For  
 Not Applicable

City & State

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent  
ROGEL, DAVID ESQ  
121 ALHAMBRA PLAZA  
10TH FLOOR, STE. 1000  
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent  
Name *Steven Frischer, Esq.*  
Street Address (P.O. Box Numbers Not Acceptable) *7600 Red Road Suite 305*  
City *South Miami* FL Zip Code *33143*

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 *Steven Frischer* DATE *7/2/08*

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

**Amended AR is \$61.25**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>ANED, LAMBOGLIA <input type="checkbox"/> Delete<br>8315 SW 72ND AVE 209B<br>MIAMI, FL 33143       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>ECKER, BARBARA J <input type="checkbox"/> Delete<br>8315 SW 72 AVE., #308B<br>MIAMI, FL 33143     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>FRIEND, JEANNE <input type="checkbox"/> Delete<br>8325 SW 72 ND AVE # 102C<br>MIAMI, FL 33143      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>HOWELL, THOMAS <input type="checkbox"/> Delete<br>8325 SW 72ND AVE 301C<br>MIAMI, FL 33143        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>NIGAGLIONI, REINALDO <input type="checkbox"/> Delete<br>8335 SW 72 AVE., #217D<br>MIAMI, FL 33143 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><br><b>900133752269</b><br><b>07/30/08--01019--004 **\$61.25</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input 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: *Aned S. Lamboglia* ANED S. LAMBOGLIA Date *6/27/08* Daytime Phone # *305 665-4801*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7/25 ad*