

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743863

FILED
Mar 20, 2009
Secretary of State

Entity Name: THE LEDGES CONDOMINIUM, INC.

Current Principal Place of Business:

8305 SW 72 AVE
MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

MANAGEMENT OFFICE AND CLUBHOUSE
8305 SW 72 AVENUE
MIAMI, FL 33143

New Mailing Address:

FEI Number: 59-1887539 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROGEL, DAVID ESQ
121 ALHAMBRA PLAZA
10TH FLOOR, STE. 1000
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

ROGEL, DAVID ESQ
BECKER & POLIAKOFF, PA
121 ALHAMBRA PLAZA 10TH FL, STE. 1000
CORAL GABLES, FL 33134 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: BECKER & POLIAKOFF 03/20/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ANED, LAMBOGLIA
Address: 8335 SW 72ND AVE 209B, #312D
City-St-Zip: MIAMI, FL 33143

Title: SD () Delete
Name: ECKER, BARBARA J
Address: 8315 SW 72 AVE., #308B
City-St-Zip: MIAMI, FL 33143

Title: D () Delete
Name: FRIEND, JEANNE
Address: 8325 SW 72 ND AVE # 102C
City-St-Zip: MIAMI, FL 33143

Title: TD () Delete
Name: HOWELL, THOMAS
Address: 8325 SW 72ND AVE 301C
City-St-Zip: MIAMI, FL 33143

Title: VP () Delete
Name: NIGAGLIONI, REINALDO
Address: 8335 SW 72 AVE., #217D
City-St-Zip: MIAMI, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ELIANA ALVAREZ MGR 03/20/2009

Electronic Signature of Signing Officer or Director Date