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Mar 07 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 723052 (7)

1. Corporation Name

LEDGES ASSOCIATION, INC. THE



Principal Place of Business

Mailing Address

C/O MRS. MARY MCKEON  
900 SOUTH OCEAN BLVD.  
DELRAY BEACH FL 33483C/O MRS. MARY MCKEON  
900 SOUTH OCEAN BLVD.  
DELRAY BEACH FL 33483-66403. Date Incorporated or Qualified  
03/31/19723a. Date of Last Report  
03/07/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip Country

28 Zip Country

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25

29

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4. FEI Number  
NOT APPLICABLEApplied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUTHERFORD, CHARLES E.  
2600 NORTH MILITARY TRAIL  
FOURTH FLOOR, ONE CROCKER SQUARE  
BOCA RATON FL 33431

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TD ☐ DELETE  
NAME MCKEON, MARY  
STREET ADDRESS 900 S. OCEAN BLVD  
CITY-ST-ZIP DELRAY BEACH,, FL 0TITLE D ☒ DELETE  
NAME DE MARCO, RITA  
STREET ADDRESS 900 SOUTH OCEAN BOULEVARD  
CITY-ST-ZIP DELRAY BEACH FLTITLE PD ☐ DELETE  
NAME MCKEON, CLIFFORD G  
STREET ADDRESS 900 S OCEAN  
CITY-ST-ZIP DELRAY BEACH, FL 00000TITLE VD ☐ DELETE  
NAME PICCIANO, LOUIS JR  
STREET ADDRESS 300 N. JENSEN RD.  
CITY-ST-ZIP VESTAL N.TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME D  
2.3 STREET ADDRESS DE MARCO, CONSTANCE L.  
2.4 CITY-ST-ZIP 900 SOUTH OCEAN BOULEVARD  
DELRAY BEACH, FL 334833.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

PRESIDENT

3/3/97

561-272-4385

SIGNATURE AND TITLE OF OFFICER OR DIRECTOR

Date

Daytime Phone # 0044803

CR2E037 (9/96)