

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90191 005 ****61.25

DOCUMENT # 723052

1. Entity Name
LEDGES ASSOCIATION, INC. THE



Principal Place of Business
C/O MRS. MARY MCKEON
900 SOUTH OCEAN BLVD.
DELRAY BEACH, FL 33483

Mailing Address
C/O MRS. MARY MCKEON
900 SOUTH OCEAN BLVD.
DELRAY BEACH, FL 33483



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07012004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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

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 reinstating)

DATE

Filing Fee is \$61.25
Due by September 8, 2004

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 TD ☐ Delete
NAME MCKEON, MARY
STREET ADDRESS 900 S. OCEAN BLVD
CITY-ST-ZIP DELRAY BEACH, FL 0,

TITLE D ☐ Delete
NAME DE MARCO, CONSTANCE L.
STREET ADDRESS 900 SOUTH OCEAN BLVD.
CITY-ST-ZIP DELRAY BEACH, FL

TITLE PD ☒ Delete
NAME MCKEON, CLIFFORD G
STREET ADDRESS 900 S OCEAN
CITY-ST-ZIP DELRAY BEACH, FL 00000,

TITLE VD ☐ Delete
NAME PICCIANO, LOUIS JR
STREET ADDRESS 300 N. JENSEN RD.
CITY-ST-ZIP VESTAL, N.

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P/T/D ☒ Change ☐ Addition
NAME McKeon, Mary
STREET ADDRESS 900 S. Ocean Blvd
CITY-ST-ZIP Delray Beach, FL 33483

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT July 5, 2004 561-278-6208

Date

Daytime Phone #