

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 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

Mary McKeon
MARY MCKEON

PRESIDENT

July 5, 2004

561-278-6208

Date

Daytime Phone #