


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 08:00 AM
Secretary of State

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
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04292005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
 RUTHERFORD, CHARLES E.
 2600 NORTH MILITARY TRAIL
 FOURTH FLOOR, ONE CROCKER SQUARE
 BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE

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

Filing Fee is \$64.25
Due by May 1, 2005

9. Election Campaign Financing * \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MCKEON, MARY 900 S. OCEAN BLVD DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE MARCO, CONSTANCE L. 900 SOUTH OCEAN BLVD. DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PICCIANO, LOUIS JR 300 N. JENSEN RD. VESTAL, N.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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UD0000362308
 05/05/05-80111-023 81.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Mary C. McKeon 4/30/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #