


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 10, 2007 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**

**DO NOT WRITE IN THIS SPACE**



01072007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**NOT APPLICABLE** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$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**

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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 \$61.25  
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

DATE  
 000000501610  
 01/10/07-80094-018 61.25

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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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 McKeon **MARY MCKEON** 1/8/07 561-271-7211  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #