

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2008 8:00 am
Secretary of State

08-07-2008 90062 031 ****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 - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

4011111



07212008 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

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 _____ 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 September 12, 2008

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	PTD	<input type="checkbox"/> Delete
NAME	MCKEON, MARY	
STREET ADDRESS	900 S. OCEAN BLVD	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE	D	<input type="checkbox"/> Delete
NAME	DE MARCO, CONSTANCE L.	
STREET ADDRESS	900 SOUTH OCEAN BLVD.	
CITY-ST-ZIP	DELRAY BEACH, FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PICCIANO, LOUIS JR	
STREET ADDRESS	300 N. JENSEN RD.	
CITY-ST-ZIP	VESTAL, N.	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Picciano, Joan	
STREET ADDRESS	3400 Vestal Parkway	
CITY-ST-ZIP	Vestal, NY	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/3/08 561-271-7211
Date Daytime Phone #