

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723052

FILED  
Apr 14, 2010  
Secretary of State

Entity Name: LEDGES ASSOCIATION, INC. THE

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

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

**Current Mailing Address:**

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

**New Mailing Address:**

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

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title:                      PTD  
Name:                      MCKEON, MARY  
Address:                      900 S. OCEAN BLVD  
City-St-Zip:                      DELRAY BEACH, FL 33483 US

Title:                      D  
Name:                      DE MARCO, CONSTANCE L.  
Address:                      900 SOUTH OCEAN BLVD.  
City-St-Zip:                      DELRAY BEACH, FL 33483 US

Title:                      VD  
Name:                      PICCIANO, JOAN  
Address:                      3400 VESTAL PARKWAY  
City-St-Zip:                      VESTAL, NY

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARY MCKEON

PT

04/14/2010

Electronic Signature of Signing Officer or Director

Date