

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90064 012 ****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**

30003728



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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

FILE NOW: FEE IS \$61.25

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
TD	MCKEON, MARY	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	900 S. OCEAN BLVD	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH,, FL 0	CITY-ST-ZIP	
<input type="checkbox"/> Delete			
D	DE MARCO, CONSTANCE L.	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	900 SOUTH OCEAN BLVD.	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	CITY-ST-ZIP	
<input type="checkbox"/> Delete			
PD	MCKEON, CLIFFORD G	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	900 S OCEAN	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 00000	CITY-ST-ZIP	
<input type="checkbox"/> Delete			
VD	PICCIANO, LOUIS JR	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	300 N. JENSEN RD.	STREET ADDRESS	
CITY-ST-ZIP	VESTAL N.	CITY-ST-ZIP	
<input type="checkbox"/> Delete			
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

CR2E037 (10/02)

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: *Mary Mckeon*

January 6, 2003