

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 723052

**Entity Name:** LEDGES ASSOCIATION, INC. THE

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 65-0037003

**Certificate of Status Desired:** No

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

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

*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

**Officer/Director Detail :**

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

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

Title            VD  
Name            PICCIANO, JOAN  
Address        3400 VESTAL PARKWAY  
City-State-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 C. MCKEON

**PRES**

**04/28/2014**

Electronic Signature of Signing Officer/Director Detail

Date