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.

PRESIDENT

SIGNATURE: LESLIE T. CAMPBELL

Electronic Signature of Signing Officer/Director Detail

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723052

Entity Name: LEDGES ASSOCIATION, INC. THE

Current Principal Place of Business:

C/O MS LESLIE T. CAMPBELL 900 SOUTH OCEAN BLVD, DELRAY BEACH, FL 33483

Current Mailing Address:

C/O MS LESLIE T. CAMPBELL 900 SOUTH OCEAN BLVD, DELRAY BEACH, FL 33483 US

FEI Number: 65-0037003

Name and Address of Current Registered Agent:

CAMPBELL, LESLIE TERESA 1011 WHITE DRIVE DELRAY BEACH, FL 33483 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 | E LESLIE TERESA CAMPBELL | | | 04/27/2016 |
|---------------------------|--|-----------------|------------------------|------------|
| | Electronic Signature of Registered Agent | | | Date |
| Officer/Director Detail : | | | | |
| Title | PTD | Title | SECRETARY, DIRECTOR | |
| Name | CAMPBELL, LESLIE T. | Name | DE MARCO, CONSTANCE L. | |
| Address | 900 S. OCEAN BLVD | Address | 900 SOUTH OCEAN BLVD. | |
| City-State-Zip: | DELRAY BEACH FL 33483 | City-State-Zip: | DELRAY BEACH FL 33483 | |
| Title | VD | | | |
| Name | PICCIANO, JOAN | | | |
| Address | 3400 VESTAL PARKWAY | | | |
| City-State-Zip: | VESTAL NY | | | |

Certificate of Status Desired: No

FILED Apr 27, 2016 Secretary of State CC0778743650

> 04/27/2016 Date