

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 716652 (3)

1. Corporation Name
MAIN BOULEVARD ASSOCIATION, INC.



Principal Place of Business: 230 SOUTH BLVD, HIGH POINT III, BOYNTON BEACH FL 33435
Mailing Address: 230 SOUTH BLVD, HIGH POINT III, BOYNTON BEACH FL 33435

3. Date Incorporated or Qualified: 06/02/1969
3a. Date of Last Report: 03/30/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: 59-1378501
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: MORGAN, JUDY, 245 SO BLVD, BOYNTON BEACH FL 33435
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Not Acceptable), 83 City, 84 City, 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: VPD NAME: PFEIFFER, WILLIAM STREET ADDRESS: 360 "A" MAIN BLVD CITY-ST-ZIP: BOYNTON BEACH FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: VPD 1.2 NAME: RICH Mamechen 1.3 STREET ADDRESS: 275 "D" SOUTH BLVD 1.4 CITY-ST-ZIP: BOYNTON Beach, Fl. 33435	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: SD NAME: CARR, JOANN STREET ADDRESS: 340 "D" MAIN BLVD CITY-ST-ZIP: BOYNTON BEACH FL	<input type="checkbox"/> DELETE	2.1 TITLE: ATD 2.2 NAME: HINDA Mc CAULEY 2.3 STREET ADDRESS: 255 SOUTH BLVD 2.4 CITY-ST-ZIP: BOYNTON Beach, Fl. 33435	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: ADS NAME: SNIDLE, VIRGINIA STREET ADDRESS: 245 "A" SOUTH BLVD CITY-ST-ZIP: BOYNTON BEACH FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: DOLORES BROWN D 3.2 NAME: 3.3 STREET ADDRESS: 330 MAIN BLVD 3.4 CITY-ST-ZIP: BOYNTON, Beach, Fl. 33435	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: TD NAME: PFEIFFER, KATHERINE STREET ADDRESS: 360 "A" MAIN BLVD CITY-ST-ZIP: BOYNTON BEACH FL	<input type="checkbox"/> DELETE	4.1 TITLE: D 4.2 NAME: Patty FERRARA 4.3 STREET ADDRESS: 235 "A" So. Blvd 4.4 CITY-ST-ZIP: Boynton Beach, Fl. 33435	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: ATD NAME: HOWELL, MARION STREET ADDRESS: 245 "C" SOUTH BLVD CITY-ST-ZIP: BOYNTON BEACH FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE: D 5.2 NAME: HARRY BOJAN 5.3 STREET ADDRESS: 265 SOUTH Blvd 5.4 CITY-ST-ZIP: Boynton Beach, Fl. 33435	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: ALTMAN, BENJAMIN STREET ADDRESS: 355 "C" MAIN BLVD CITY-ST-ZIP: BOYNTON BEACH FL	<input checked="" type="checkbox"/> DELETE	6.1 TITLE: D 6.2 NAME: PAUL Costello 6.3 STREET ADDRESS: 245 SOUTH BLVD 6.4 CITY-ST-ZIP: BOYNTON Beach, Fl. 33435	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Judy Morgan (407) 2-26-96 734-0081
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)