

FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33435-6674
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3. Date Incorporated or Qualified 06/02/1969	3a. Date of Last Report 03/19/1996
4. FEI Number 59-1378501	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

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 ELAINE ROBERTS
82 Street Address (P.O. Box Number is Not Acceptable) 260-C SOUTH BLVD
83 BOYNTON BEACH
84 City FL
85 Zip Code 33435

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 617.1503, Florida Statutes.

SIGNATURE *x Elaine W. Roberts* DATE **5-1-97**
Signature: typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE VD	<input checked="" type="checkbox"/> DELETE
NAME MCMECHAN, RICH	
STREET ADDRESS 275 D SOUTH BLVD	
CITY-ST-ZIP BOYNTON BEACH FL 33435	
TITLE SD	<input checked="" type="checkbox"/> DELETE
NAME CARR, JOANN	
STREET ADDRESS 340 "D" MAIN BLVD	
CITY-ST-ZIP BOYNTON BEACH FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME BROWN, DOLORES	
STREET ADDRESS 350 MAIN BLVD	
CITY-ST-ZIP BOYNTON BEACH FL 33435	
TITLE TD	<input checked="" type="checkbox"/> DELETE
NAME PFEIFFER, KATHERINE	
STREET ADDRESS 360 "A" MAIN BLVD	
CITY-ST-ZIP BOYNTON BEACH FL	
TITLE ATD	<input checked="" type="checkbox"/> DELETE
NAME MCCAULEY, LINDA	
STREET ADDRESS 255 SOUTH BLVD	
CITY-ST-ZIP BOYNTON BEACH FL 33435	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME FERRARA, PATTY	
STREET ADDRESS 235 A SOUTH BLVD	
CITY-ST-ZIP BOYNTON BEACH FL 33435	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME HARRY BOJAN	
1.3 STREET ADDRESS 265 C SOUTH BLVD	
1.4 CITY-ST-ZIP BOYNTON BEACH FL 33435	
2.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME ALBERT SWAIN	
2.3 STREET ADDRESS 265 C SOUTH BLVD	
2.4 CITY-ST-ZIP BOYNTON BEACH FL 33435	
3.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME NED SMITH	
3.3 STREET ADDRESS 345 C MAIN BLVD	
3.4 CITY-ST-ZIP BOYNTON BEACH FL 33435	
4.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME BETTY MORENO	
4.3 STREET ADDRESS 440-C NORTH BLVD	
4.4 CITY-ST-ZIP BOYNTON BEACH FL 33435	
5.1 TITLE ATD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME ANNETTE HILTON	
5.3 STREET ADDRESS 340-B MAIN BLVD	
5.4 CITY-ST-ZIP BOYNTON BEACH FL 33435	
6.1 TITLE ASD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME BETTY ANNE SMITH	
6.3 STREET ADDRESS 345 C MAIN BLVD	
6.4 CITY-ST-ZIP BOYNTON BEACH FL 33435	

14. I do 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 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: *[Signature]* DATE: **5/1/97**
Signature: typed or printed name of signing officer or director Date Daytime Phone # 0012268

CR2E037 (9/96)