


FILE NOW: FILING FEE IS \$61.25

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Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 30

3. Date Incorporated or Qualified

06/02/1969

4. FEI Number

59-1378501

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROBERTS, ELAINE
260-C SOUTH BLVD
BOYNTON BEACH FL 33435**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VDK D.	<input type="checkbox"/> DELETE
NAME	BOJAN, HARRY	
STREET ADDRESS	265 B SOUTH BLVD	
CITY - ST - ZIP	BOYNTON BEACH FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SWAN, ALBERT	
STREET ADDRESS	265 B SOUTH BLVD	
CITY - ST - ZIP	BOYNTON BEACH FL	

TITLE	SM V.P.	<input type="checkbox"/> DELETE
NAME	SMITH, NED	
STREET ADDRESS	345 C MAIN BLVD	
CITY - ST - ZIP	BOYNTON BEACH FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	MORENO, BETTY	
STREET ADDRESS	440-C NORTH BLVD	
CITY - ST - ZIP	BOYNTON BEACH FL	

TITLE	ATB	<input checked="" type="checkbox"/> DELETE
NAME	HUXON, ANNEX	
STREET ADDRESS	340-B MAIN BLVD	
CITY - ST - ZIP	BOYNTON BEACH FL	

TITLE	ASD	<input type="checkbox"/> DELETE
NAME	SMITH, BETTY ANNE	
STREET ADDRESS	345-C MAIN BLVD	
CITY - ST - ZIP	BOYNTON BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Marie Corscadden	
1.3 STREET ADDRESS	430 North Blvd. A.	
1.4 CITY - ST - ZIP	Boynton Beach, FL.	

2.1 TITLE	Dolly, Thomas	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	260 D. South Blvd.	
2.3 STREET ADDRESS	Boynton Bch. Fla.	
2.4 CITY - ST - ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. 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 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: *Elaine Roberts, Pres.* 4-14-98

CR2E037 (10/97)