

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 23 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 716652 (3)**  
1. Corporation Name  
**MAIN BOULEVARD ASSOCIATION, INC.**



Principal Place of Business <b>230 SOUTH BLVD HIGH POINT III BOYNTON BEACH FL 33435</b>	Mailing Address <b>230 SOUTH BLVD HIGH POINT III BOYNTON BEACH FL 33435</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country 29
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3. Date Incorporated or Qualified <b>06/02/1969</b>	Applied For Not Applicable
4. FEI Number <b>59-1378501</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**ROBERTS, ELAINE  
260-C SOUTH BLVD  
BOYNTON BEACH FL 33435**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<del>VDX</del> D.	1.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOJAN, HARRY	1.2 NAME	Marie Corscadden
STREET ADDRESS	265 B SOUTH BLVD	1.3 STREET ADDRESS	430 North Blvd. A.
CITY - ST - ZIP	BOYNTON BEACH FL	1.4 CITY - ST - ZIP	Boynton Beach, FL.
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Dolly, Thomas <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>SWAN, ALBERT</del>	2.2 NAME	
STREET ADDRESS	<del>265 B SOUTH BLVD</del>	2.3 STREET ADDRESS	260 D. South Blvd.
CITY - ST - ZIP	<del>BOYNTON BEACH FL</del>	2.4 CITY - ST - ZIP	Boynton Bch. Fla.
TITLE	<del>SDK</del> V.P.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, NED	3.2 NAME	
STREET ADDRESS	345 C MAIN BLVD	3.3 STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BEACH FL	3.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORENO, BETTY	4.2 NAME	
STREET ADDRESS	440-C NORTH BLVD	4.3 STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BEACH FL	4.4 CITY - ST - ZIP	
TITLE	<del>ATB</del> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>HUXON ANNEX</del>	5.2 NAME	
STREET ADDRESS	<del>340-B MAIN BLVD</del>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<del>BOYNTON BEACH FL</del>	5.4 CITY - ST - ZIP	
TITLE	ASD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, BETTY ANNE	6.2 NAME	
STREET ADDRESS	345-C MAIN BLVD	6.3 STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BEACH FL	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)