

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90220 024 ****61.25

DOCUMENT # 716652 1. Entity 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1378501	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCMECHEN, PATRICIA 275 SOUTH BLVD APT D BOYNTON BEACH FL 33435				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to: Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DARRON, LINDA 430 NORTH BLVD #C BOYNTON BEACH FL 33435	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Wickern, Gerard 340 Main Blvd Boynton Beach FL 33435	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SARKA, MARY ANNE 265 D SOUTH BLVD BOYNTON BEACH FL 33435	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Grah, Peter 270 South Blvd Boynton Beach FL 33435	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORSCADDEN, MARIE 430 NORTH BLVD APT D BOYNTON BEACH FL 33435	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ruocco RUOCCO, JOHN 450 NORTH BLVD APT C BOYNTON BEACH FL 33435	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREAS MOORE, JOAN B. 365 MAIN BLVD BOYNTON BEACH FL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCMECHEN, PATRICIA 275 D. SOUTH BLVD BOYNTON BEACH FL 33435	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Patricia McMechen** 4/18/05 (56) 368-1157
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #