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CORPORATION ANNUAL REPORT 1995

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

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DIVISION OF CORPORATIONS
95 MAR 30 AM 10:38

DOCUMENT # 716652 (3)

1. Corporation Name
MAIN BOULEVARD ASSOCIATION, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/02/1969
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-1378501 — Applied For — X 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 21: Suite, Apt. #, etc. 22: City & State 23: Zip 24: Country 25
2a. Mailing Address 26: Suite, Apt. #, etc. 27: City & State 28: Zip 29: Country 30

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: JUDY MORGAN
82 Street Address (P.O. Box Number is Not Acceptable): 245 "B" SOUTH BLVD.
83: BOYNTON BEACH,
84 City: FL 85 Zip Code: 33435

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: President (Judy Morgan) DATE: 3-16-95
Signature, typed or printed name of Registered Agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	11 TITLE	VPD ☒ Change ☐ Addition
NAME	SCHOLZE, EUGENE	12 NAME	WILLIAM PFEIFFER
STREET ADDRESS	445 B NORTH BLVD	13 STREET ADDRESS	360 "A" MAIN BLVD.
CITY-ST-ZIP	BOYNTON BEACH FL	14 CITY-ST-ZIP	BOYNTON BEACH, FL. 33435
TITLE	SD	21 TITLE	SD ☒ Change ☐ Addition
NAME	BULL, MARY	22 NAME	CARR, JOANN
STREET ADDRESS	255 S BLVD D	23 STREET ADDRESS	340 "D" MAIN BLVD.
CITY-ST-ZIP	BOYNTON BEACH FL	24 CITY-ST-ZIP	BOYNTON BEACH, FL. 33435
TITLE	ADS	31 TITLE	ADS ☒ Change ☐ Addition
NAME	PAUL, CLARK	32 NAME	SNIDLE, VIRGINIA
STREET ADDRESS	365 D MAIN BLVD	33 STREET ADDRESS	245 "A" SOUTH BLVD.
CITY-ST-ZIP	BOYNTON BEACH FL	34 CITY-ST-ZIP	BOYNTON BEACH, FL. 33435
TITLE	SSD	41 TITLE	TD ☒ Change ☐ Addition
NAME	THOMAS, PHIL	42 NAME	PFEIFFER, KATHERINE
STREET ADDRESS	235 SO BLVD	43 STREET ADDRESS	360 "A" MAIN BLVD.
CITY-ST-ZIP	BOYNTON BEACH FL	44 CITY-ST-ZIP	BOYNTON BEACH, FL. 33435
TITLE	D	51 TITLE	ATD ☒ Change ☐ Addition
NAME	COSTELLO, PAUL	52 NAME	HOWELL, MARION
STREET ADDRESS	245 D SOUTH BLVD	53 STREET ADDRESS	245 "C" SOUTH BLVD.
CITY-ST-ZIP	BOYNTON BEACH FL	54 CITY-ST-ZIP	BOYNTON BEACH, FL. 33435
TITLE	D	61 TITLE	D ☒ Change ☐ Addition
NAME	FERRERE, MIKE	62 NAME	ALTMAN, BENJAMIN
STREET ADDRESS	235 SO BLVD	63 STREET ADDRESS	355 "C" MAIN BLVD.
CITY-ST-ZIP	BOYNTON BEACH FL	64 CITY-ST-ZIP	BOYNTON BEACH, FL. 33435

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)(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: Katherine E. Pfeiffer 4-20-95 FLS 734 2940
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Katherine Pfeiffer, Treasurer

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