

FILE NOW: FILING FEE IS \$61.25

FILED  
May 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</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 33435-6674</b>
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3. Date Incorporated or Qualified <b>06/02/1969</b>	3a. Date of Last Report <b>03/19/1996</b>
4. FEI Number <b>59-1378501</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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: *Patty D. Ferrara* DATE **5/1/97**  
Signature typed or printed name of signing officer or director

CR2E037 (9/96)