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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 716652

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**



2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

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 ☐

\$5.00 May Be
Added to Fees

City & State

23
Zip Country

City & State

28
Zip Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name **NED E. SMITH**
82 Street Address (P.O. Box Number is Not Acceptable)
345 C MAIN BLVD.
83 **BOYNTON BCH.**
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 617.0503, Florida Statutes.

SIGNATURE

Ned E. Smith - President BRD OF DIRECTORS **3/16/99**

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 - D	<input type="checkbox"/> DELETE
NAME	BOJAN, HARRY	
STREET ADDRESS	265 B SOUTH BLVD	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CORSCADDEN, MARIE	
STREET ADDRESS	430 N BLVD PA	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	SD	<input checked="" 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	D	<input checked="" type="checkbox"/> DELETE
NAME	DOLLY, THOMAS	
STREET ADDRESS	260 D SOUTH 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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PATRICIA McMEHEN	
3.3 STREET ADDRESS	275 D. SOUTH BLVD.	
3.4 CITY-ST-ZIP	BOYNTON BCH. FL	
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	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	RICHARD McMEHEN	
5.3 STREET ADDRESS	275 D. SOUTH BLVD	
5.4 CITY-ST-ZIP	BOYNTON BCH. FL 33435	
6.1 TITLE	AP	<input checked="" 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, with all other like empowered.

SIGNATURE:

SIGNATURE OF REGISTERED AGENT

3/16/99 **561-737-2219**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)