


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90076 005 ****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 - No P.O. Box #		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 JONES, AL 365 C. MAIN BLVD Main Blvd. BOYNTON BEACH, FL 33435				7. Name and Address of New Registered Agent Name Jones Al Street Address (P.O. Box Number is Not Acceptable) 365 Main Blvd City Boynton Beach FL Zip Code 33435	
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 <u><i>Alfred J. Jones</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>1/15/08</u>					
Filing Fee is \$61.25 Due by May 1, 2008		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	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete GERARD, WICHERN 340 MAIN BLVD BOYNTON BEACH, FL 33435		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition P Linda McAllister 450 North Blvd. Boynton Beach FL 33435	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete S SARKA, MARY ANNE 265 D SOUTH BLVD BOYNTON BEACH, FL 33435		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D CORSCADDEN, MARIE 430 NORTH BLVD APT D BOYNTON BEACH, FL 33435		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D RUOCCO, JOHN 450 NORTH BLVD APT C BOYNTON BEACH, FL 33435		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P JONES, AL 365 C. MAIN BLVD. BOYNTON BEACH, FL 33435		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete RE T MCMECHEN, PATRICIA 275 D. SOUTH BLVD BOYNTON BEACH, FL 33435		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Patricia McMechen</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Patricia McMechen			1/8/08 561-369-1157 Date Daytime Phone #		