

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-12-2003 90067 040 ****61.25

2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

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

Zip

Country

Zip

Country

4. FEI Number 59-1378501

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ORMSBY, JEAN
455-D NORTH BLVD
BOYNTON BEACH FL 33435

Name Patricia McMechan

Street Address (P.O. Box Number is Not Acceptable)

275 South Blvd Apt D

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE V
NAME JOYCE, ENZABETH
STREET ADDRESS 455-A NORTH BLVD
CITY-ST-ZIP BOYNTON BEACH FL 33435 ☒ Delete

TITLE S
NAME HILTON, ANNETTE
STREET ADDRESS 340-B MAIN BLVD
CITY-ST-ZIP BOYNTON BEACH FL 33435 ☒ Delete

TITLE D
NAME WILLIAMSON, JANE
STREET ADDRESS 455-C NORTH BLVD
CITY-ST-ZIP BOYNTON BEACH FL 33435 ☒ Delete

TITLE TD
NAME MORENO, BETTY
STREET ADDRESS 440-C NORTH BLVD
CITY-ST-ZIP BOYNTON BEACH FL 33435 ☒ Delete

TITLE Director
NAME WETZEL, ROBERT
STREET ADDRESS 4-45-D NORTH BLVD
CITY-ST-ZIP BOYNTON BEACH FL 33435 ☐ Delete

TITLE D President
NAME MCMECHAN, PATRICIA
STREET ADDRESS 275 D. SOUTH BLVD
CITY-ST-ZIP BOYNTON BEACH FL 33435 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP-TREASURER
NAME Linda Darrow
STREET ADDRESS 430 North Blvd #c
CITY-ST-ZIP Boynton Beach FL 33435 ☐ Change ☒ Addition

TITLE Mary Anne Sarka (Secy)
NAME
STREET ADDRESS 2650 South Blvd
CITY-ST-ZIP Boynton Beach FL 33435 ☐ Change ☒ Addition

TITLE Marie Corscadden
NAME
STREET ADDRESS 430 North Blvd Apt D
CITY-ST-ZIP Boynton Beach FL 33435 ☐ Change ☒ Addition

TITLE John Ruocco (Dir.)
NAME
STREET ADDRESS 450 North Blvd Apt c
CITY-ST-ZIP Boynton Beach FL 33435 ☐ Change ☒ Addition

TITLE Peter Grah (Director)
NAME
STREET ADDRESS 270 South Blvd Apt A
CITY-ST-ZIP Boynton Beach FL 33435 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia McMechan

Daytime Phone #

55020564



☒ CHECK HERE IF MAKING CHANGES

CR2E037 (10/02)