#### 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 716652** 

Entity Name: MAIN BOULEVARD ASSOCIATION, INC.

### **Current Principal Place of Business:**

230 SOUTH BLVD HIGH POINT 3

BOYNTON BEACH, FL 33435

## **Current Mailing Address:**

M.Y. FUTURE, INC 213 W BOYNTON BEACH BLVD BOYNTON BEACH, FL 33435 US

FEI Number: 59-1378501 Certificate of Status Desired: Yes

# Name and Address of Current Registered Agent:

MILBERG KLEIN PL 230 SOUTH BLVD HIGH POINT 3

BOYNTON BEACH, FL 33435 US

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.

SIGNATURE:

City-State-Zip:

City-State-Zip:

City-State-Zip:

Electronic Signature of Registered Agent

Date

**FILED** Feb 15, 2024

**Secretary of State** 

8993479826CC

#### Officer/Director Detail:

Title DIRECTOR Title DIRECTOR Name SHEA, CHRISTINE Name NUSBAUM, MARK 230 SOUTH BLVD 230 SOUTH BLVD Address Address

**HIGH POINT 3** 

BOYNTON BEACH FL 33435

**BOYNTON BEACH FL 33435** 

**HIGH POINT 3** City-State-Zip: BOYNTON BEACH FL 33435

**BOYNTON BEACH FL 33435** 

Title **PRESIDENT** Title **SECRETARY** 

Name MADISON, SUSAN Name GILBERT, JILLIANE Address 230 SOUTH BLVD Address 230 SOUTH BLVD

**HIGH POINT 3** 

**HIGH POINT 3** 

**BOYNTON BEACH FL 33435** City-State-Zip: **BOYNTON BEACH FL 33435** 

Title **TREASURER** Title DIRECTOR KIKOT, ANDREA MEDICO, MARY Name Name 230 SOUTH BLVD Address 230 SOUTH BLVD Address

**HIGH POINT 3 HIGH POINT 3** 

VΡ Title DIRECTOR Title

Name RASKIN. MARY THERESA Name TUCKER, PAUL Address 230 SOUTH BLVD Address 230 SOUTH BLVD **HIGH POINT 3** 

HIGH POINT 3

City-State-Zip:

**BOYNTON BEACH FL 33435 BOYNTON BEACH FL 33435** City-State-Zip: City-State-Zip:

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

02/15/2024 SIGNATURE: ANDREA KIKOT TREASURER