

**2015 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 III  
BOYNTON BEACH, FL 33435**Current Mailing Address:**230 SOUTH BLVD  
HIGH POINT III  
BOYNTON BEACH, FL 33435**FEI Number:** 59-1378501**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**JONES, AL  
365 MAIN BLVD  
UNIT C  
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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            JONES, AL  
Address        365 MAIN BLVD.  
                  UNIT C  
City-State-Zip: BOYNTON BEACH FL 33435

Title            SECRETARY  
Name            GEORGOPULOS, YVONNE  
Address        440 NORTH BLVD.  
                  UNIT D  
City-State-Zip: BOYNTON BEACH FL 33435

Title            TREASURER  
Name            STIO, RESTI  
Address        445 NORTH BOULEVARD  
                  UNIT C  
City-State-Zip: BOYNTON BEACH FL 33435

Title            ASST. TREASURER  
Name            HINTERLEITER, MARY KAY  
Address        360 MAIN BLVD.  
                  UNIT A  
City-State-Zip: BOYNTON BEACH FL 33435

Title            DIRECTOR  
Name            MCALLISTER, LINDA  
Address        450 NORTH BLVD.  
                  UNIT A  
City-State-Zip: BOYNTON BEACH FL 33435

Title            VP  
Name            GREENE, ROBERT  
Address        270 SOUTH BLVD  
                  UNIT C  
City-State-Zip: BOYNTON BEACH FL 33435

Title            ASST. SECRETARY  
Name            LAYTON, JANE  
Address        350 MAIN BLVD.  
                  UNIT D  
City-State-Zip: BOYNTON BEACH FL 33435

Title            DIRECTOR  
Name            RUOCCO, JOHN  
Address        450 NORTH BLVD.  
                  UNIT C  
City-State-Zip: BOYNTON BEACH FL 33435

*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.*

**SIGNATURE:** AL JONES**PRESIDENT****03/19/2015**

Electronic Signature of Signing Officer/Director Detail

Date