

**2017 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:**230 SOUTH BLVD  
HIGH POINT 3  
BOYNTON BEACH, FL 33435 US**FEI Number:** 59-1378501**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MILBERG KLEIN PL  
5550 GLADES RD  
SUITE 500  
BOCA RATON, FL 33431 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            GREENE, ROBERT J.  
Address        270 SOUTH BLVD.  
                  UNIT C  
City-State-Zip: BOYNTON BEACH FL 33435

Title            TREASURER  
Name            NIERODA, VINCENT  
Address        235 SOUT BLVD  
                  UNIT A  
City-State-Zip: BOYNTON BEACH FL 33435

Title            DIRECTOR  
Name            FUSCO, JOSEPH  
Address        435 NORTH BLVD.  
                  UNIT B  
City-State-Zip: BOYNTON BEACH FL 33435

Title            DIRECTOR  
Name            KELLY, JACK  
Address        340 MAIN BLVD  
                  UNIT D  
City-State-Zip: BOYNTON BEACH FL 33435

Title            SECRETARY  
Name            WICHERN, GERARD J.  
Address        340 MAIN BLVD.  
                  UNIT A  
City-State-Zip: BOYNTON BEACH FL 33435

Title            VP  
Name            KNOP, ANDREW  
Address        455 NORTH BLVD.  
                  UNIT A  
City-State-Zip: BOYNTON BEACH FL 33435

Title            DIRECTOR  
Name            NUSBAUM, MARK  
Address        270 SOUTH BLVD.  
                  UNIT B  
City-State-Zip: BOYNTON BEACH FL 33435

Title            DIRECTOR  
Name            CORSCADDEN, ALAN  
Address        430 NORTH BLVD  
                  UNIT D  
City-State-Zip: BOYNTON BEACH FL 33435

**Continues on page 2**

*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:** VINCENT NIERODA

TREASURER

04/12/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	STIO, WILLIAM
Address	445 NORTH BLVD UNIT C
City-State-Zip:	BOYNTON BEACH FL 33435