

2020 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:**C/O INFINITY COMMUNITY MGMT.
5350 10TH AVENUE NORTH SUITE 1
GREENACRES, FL 33463 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	GILBER, JILLIANE
Address	C/O INFINITY COMMUNITY MGMT. 5350 10TH AVENUE NORTH SUITE 1
City-State-Zip:	GREENACRES FL 33463

Title	VP, SECRETARY
Name	JONES, ALFRED J.
Address	C/O INFINITY COMMUNITY MGMT. 5350 10TH AVENUE NORTH SUITE 1
City-State-Zip:	GREENACRES FL 33463

Title	TREASURER
Name	LANTZ, RICHARD
Address	C/O INFINITY COMMUNITY MGMT. 5350 10TH AVENUE NORTH SUITE 1
City-State-Zip:	GREENACRES FL 33463

Title	DIRECTOR
Name	NUSBAUM, MARK
Address	C/O INFINITY COMMUNITY MGMT. 5350 10TH AVENUE NORTH SUITE 1
City-State-Zip:	GREENACRES FL 33463

Title	DIRECTOR
Name	SANNICANDRO, BENJAMINA
Address	C/O INFINITY COMMUNITY MGMT. 5350 10TH AVENUE NORTH SUITE 1
City-State-Zip:	GREENACRES FL 33463

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: JILLIANE GILBERT

PRESIDENT

02/27/2020

Electronic Signature of Signing Officer/Director Detail_____
Date