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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 716652

1. Corporation Name

(3)

MAIN BOULEVARD ASSOCIATION, INC.

Principal Place of Business Mailing Address

230 SOUTH BLVD
HIGH POINT III
BOYNTON BEACH FL 33435

Mailing Address

230 SOUTH BLVD
HIGH POINT III
BOYNTON BEACH FL 33435

FILED
May 19 1997 8:00am
Secretary of State



BOTHTON DENON P.C 33433	BOTTETON BENOTITE SONO		3. Date Incorporated or Qualified 3a. 06/02/1969	Date of Last Report 03/19/1996	
2. Principal Place of Business 2a. Mailing Address			4. FEI Number	Applied For	
26			59-1378501	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
22 27			5. Certificate of Status Desired	Fee Required	
City & State City & State			6. Election Campaign Financing	\$5.00 May Be	
28			Trust Fund Contribution	Added to Fees	
Zip Country	Zıp	Country	8. This corporation has liability for intangib	ie tax under s. 199.032,	
24 25			Florida Statutes Yes No		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
		81 Name	LAINE ROBERTS		
MORGAN, JUDY			82 Street Address (P.O. Boy Number Is Not Acceptable)		
245 SO BLVD		2	260-C SOUTH BLYD		
			83 B-111-11 B-111		
<u>L</u>		84 City	200401000 SEARCH		
		84 City	F	L 193635	
11. Pursuant to the provisions of Sections 617.0502	and 617.1508, Florida Statut	es, the above-named cor	poration submits this statement for the purpose	of changing its registered	
office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligat	of Florida, Such change was a	suthorized by the cornors	ation's board of directors. I hereby accept the ap	opointment as registered	
1 V S /	Alia di, angridi di 1790a, Fil	Artica Calaticias.	ا رسيم.	-07	
SIGNATURE Signature typed or printed name of registered agent	and title Huppingson. (NOT	E: Registered Agent signature requ	ured when reinstating) DATE	7-1	
12. OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12	
TITLE VD	DELETE	1.1 TITLE V	/D	Change Addition	
NAME MCMECHAN, RICH	• •		IARRY BOJAN BLUE		
STREET ADDRESS 275 D SOUTH BLVD			265 B SOUTH BLVE		
CHY-SI-ZIP BOYNTON BEACH FL 33435		1.4 City-st-zip	3650 SOOTH CLU BOYNTON BEACH FL	33435	
TITLE SD	DELETE	2.1 TiTLE	D CONTRACTOR	_ 3.3435	
NAME CARR, JOANN	F4	2.2 NAME	ALBERT SWAIN BLVD		
STREET ADDRESS 340 "D" MAIN BLVD		2.3 STREET ADDRESS	165C. SOUTH BAVD		
DOMESTALL DELOUIE		2.3 STREET ADDRESS	BOULTAN BENEU B	=1 32420	
CIIY-ST-ZIP BUYNTUN BEACH FL	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	BOYNTON BEACH F	Change Daddition	
1	M perete	3.1 HILE			
NAME BROWN, DOLORES		3.2 NAME	345 C MAIN BLVE)	
STREET ADDRESS 350 MAIN BLVD		3.3 STREET ADDRESS	243 6		
CITY-ST-ZIP BOYNTON BEACH FL 33435	DELETE	3.4. CITY-ST-ZIP	BOYNTON BEACH F	<u>~ 29435</u>	
THE TO	NECE IE	4.1 TITLE	TO	Change Addition	
NAME PEIFFER, KATHERINE		4.2 NAME	BETTY MORENO 440-C NORTH BL	.Ub	
STREET ADDRESS 360 "A" MAIN BLVD			440-G NOKIH OF	E 22	
CITY-ST-ZIP BOYNTON BEACH FL		4.4 CITY-ST-ZIP	BOYNTON BEACH	FL 33435	
TITLE ATD	DELETE	5.1 TITLE	ATD - "	Change 🔲 Addition	
NAME MCCAULEY, LINDA		5.2 NAME	ANNETTE HILLON		
STREET ADDRESS 255 SOUTH BLVD		5.3 STREET ADDRESS	340-0 MAIN BU	VD_	
CITY-ST-ZIP BOYNTON BEACH FL 33435		5.4 CITY-ST-ZIP	BOUNTON BEACH	FL 3343	
TITLE D	DELETE	6.1 TITLE		Change Addition	
NAME FERRARA, PATTY	,	6.2 NAME	ASD BETTY ANNE SMITH 345°C MAIN BLU	4	
STREEF ADDRESS 235 A SOUTH BLVD		6.3 STREET ADDRESS	345 C. MAIN BLUL)	
CITY-ST-ZIP BOYNTON BEACH FL 33435		6.4 CITY-ST-ZIP	BOULETON BEACH	EL 32435	
	with this fiting does not quali-		d in Section 119.07(3)(i), Florida Statutes. I funti	per certify that the	

4. To hereby certify that the information supplied with this falling does not qualify for the exemption stated in Second 119.07(3)(f). Provide Statutes: I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SANTURE AND VEED OF PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/97

Daylime Phone # 6042269