

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 23 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 716652 (3)

1. Corporation Name
MAIN BOULEVARD ASSOCIATION, INC.



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| Principal Place of Business 230 SOUTH BLVD HIGH POINT III BOYNTON BEACH FL 33435 | Mailing Address 230 SOUTH BLVD HIGH POINT III BOYNTON BEACH FL 33435 |
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|--|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 | 2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country 29 |
|--|--|

| | |
|--|---------------------------------------|
| 3. Date Incorporated or Qualified 06/02/1969 | Applied For Not Applicable |
| 4. FEI Number 59-1378501 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**ROBERTS, ELAINE
260-C SOUTH BLVD
BOYNTON BEACH FL 33435**

10. Name and Address of New Registered Agent

| | |
|---|-----------------------|
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL 85 Zip Code |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | VDX D. | 1.1 TITLE | Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BOJAN, HARRY | 1.2 NAME | Marie Corscadden |
| STREET ADDRESS | 265 B SOUTH BLVD | 1.3 STREET ADDRESS | 430 North Blvd. A. |
| CITY - ST - ZIP | BOYNTON BEACH FL | 1.4 CITY - ST - ZIP | Boynton Beach, FL. |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | Dolly, Thomas <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SWAN, ALBERT | 2.2 NAME | |
| STREET ADDRESS | 265 B SOUTH BLVD | 2.3 STREET ADDRESS | 260 D. South Blvd. |
| CITY - ST - ZIP | BOYNTON BEACH FL | 2.4 CITY - ST - ZIP | Boynton Bch. Fla. |
| TITLE | SM V.P. | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SMITH, NED | 3.2 NAME | |
| STREET ADDRESS | 345 C MAIN BLVD | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | BOYNTON BEACH FL | 3.4 CITY - ST - ZIP | |
| TITLE | TD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MORENO, BETTY | 4.2 NAME | |
| STREET ADDRESS | 440-C NORTH BLVD | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | BOYNTON BEACH FL | 4.4 CITY - ST - ZIP | |
| TITLE | ATB <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HUXON ANNEX | 5.2 NAME | |
| STREET ADDRESS | 340-B MAIN BLVD | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | BOYNTON BEACH FL | 5.4 CITY - ST - ZIP | |
| TITLE | ASD <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SMITH, BETTY ANNE | 6.2 NAME | |
| STREET ADDRESS | 345-C MAIN BLVD | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | BOYNTON BEACH FL | 6.4 CITY - ST - ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida 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: *Elaine Roberts, Pres.* 4-14-98

CR2E037 (10/97)