

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 25, 1999 8:00 am**  
**Secretary of State**

03-25-1999 90037 018 \*\*\*\*61.25

0044067

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 716652**

1. Corporation Name  
**MAIN BOULEVARD ASSOCIATION, INC.**

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
---	---



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/02/1969
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1378501 Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent <b>ROBERTS, ELAINE</b> 280-C SOUTH BLVD BOYNTON BEACH FL 33435	10. Name and Address of New Registered Agent 81 Name <b>NED E. SMITH</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>345 @ MAIN BLVD.</b> 83 <b>BOYNTON BCH.</b> 84 City <b>FL</b> 85 Zip Code <b>33435</b>
---	---

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 Ned E. Smith - President BRD. OF DIRECTORS DATE 3/16/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	VD <input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D
NAME <b>BOJAN, HARRY</b>		1.2 NAME	
STREET ADDRESS <b>265 B SOUTH BLVD</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>BOYNTON BEACH FL</b>		1.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	S <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>CORSCADDEN, MARIE</b>		2.2 NAME	
STREET ADDRESS <b>430 N BLVD PA</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>BOYNTON BEACH FL</b>		2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D
NAME <b>SMITH, NED</b>		3.2 NAME <b>PATRICIA McMEHEN</b>	
STREET ADDRESS <b>345 C MAIN BLVD</b>		3.3 STREET ADDRESS <b>275 D. SOUTH BLVD.</b>	
CITY-ST-ZIP <b>BOYNTON BEACH FL</b>		3.4 CITY-ST-ZIP <b>BOYNTON BCH. FL</b>	
TITLE <input type="checkbox"/> DELETE	TD <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>MORENO, BETTY</b>		4.2 NAME	
STREET ADDRESS <b>440-C NORTH BLVD</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>BOYNTON BEACH FL</b>		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	VD
NAME <b>DOLLY, THOMAS</b>		5.2 NAME <b>RICHARD McMEHEN</b>	
STREET ADDRESS <b>260 D SOUTH BLVD</b>		5.3 STREET ADDRESS <b>275 D. SOUTH BLVD</b>	
CITY-ST-ZIP <b>BOYNTON BEACH FL</b>		5.4 CITY-ST-ZIP <b>BOYNTON BCH. FL 33435</b>	
TITLE <input type="checkbox"/> DELETE	ASD <input type="checkbox"/> DELETE	6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	AP
NAME <b>SMITH, BETTY ANNE</b>		6.2 NAME	
STREET ADDRESS <b>345-C MAIN BLVD</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>BOYNTON BEACH FL</b>		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, with all other like empowered.

SIGNATURE: Ned E. Smith DATE: 3/16/99 DAYTIME PHONE: 561-737-2219  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)