

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

0035396

DOCUMENT # 716652

1. Entity Name

MAIN BOULEVARD ASSOCIATION, INC.

03-14-2002 90079 030 ****61.25

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**

B0043670



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1378501

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRESIDENT

**ORMSBY, JEAN
455- D NORTH BLVD
BOYNTON BEACH FL 33435**

Name **SAME**

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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

Jean Ormsby
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/26/02
DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **V** Delete
NAME **JOYCE, ELIZABETH**
STREET ADDRESS **455-A NORTH BLVD**
CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** Delete
NAME **CORSCADDEN, MARIE**
STREET ADDRESS **430-D NORTH BLVD**
CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE **S** Change Addition
NAME **HILTON, ANNETTE**
STREET ADDRESS **340-B MAIN BLVD**
CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE **D** Delete
NAME **WILLIAMSON, JANE**
STREET ADDRESS **455-C NORTH BLVD**
CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** Delete
NAME **MORENO, BETTY**
STREET ADDRESS **440-C NORTH BLVD**
CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **AS** Delete
NAME **MCMECHEN, RICHARD**
STREET ADDRESS **275 D. SOUTH BLVD**
CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE **R** Change Addition
NAME **WETZEL, ROBERT**
STREET ADDRESS **445-D NORTH BLVD**
CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE **D** Delete
NAME **MCMECHEN, PATRICIA**
STREET ADDRESS **275 D. SOUTH BLVD**
CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jean Ormsby
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEAN ORMSBY **2/26/02**

561-738-6337
Date Daytime Phone #

CR2E037 (9/01)