

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90036 049 ****61.25

DOCUMENT # 716652

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1378501

Applied For

Not Applicable

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

MCMECHAN, PATRICIA
275 SOUTH BLVD APT D
BOYNTON BEACH FL 33435

Name

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE *VP*
NAME DARRON, LINDA
STREET ADDRESS 430 NORTH BLVD #C
CITY-ST-ZIP BOYNTON BEACH FL 33435 ☒ Delete

TITLE *S*
NAME SARKA, MARY ANNE
STREET ADDRESS 265 D SOUTH BLVD
CITY-ST-ZIP BOYNTON BEACH FL 33435 ☐ Delete

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

TITLE *D*
NAME RYOCCO, JOHN
STREET ADDRESS 450 NORTH BLVD APT C
CITY-ST-ZIP BOYNTON BEACH FL 33435 ☐ Delete

TITLE *D*
NAME WETZEL, ROBERT
STREET ADDRESS 4-45-D NORTH BLVD
CITY-ST-ZIP BOYNTON BEACH FL 33435 ☒ Delete

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE *VP*
NAME *Joan Moore*
STREET ADDRESS *365 Main Blvd*
CITY-ST-ZIP *Boynton Beach FL* ☒ Change ☒ Addition

TITLE *D*
NAME *Peter Groh*
STREET ADDRESS *270 A South Blvd*
CITY-ST-ZIP *Boynton Beach FL 33435* ☐ Change ☐ Addition

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

Patricia McMechen

Patricia McMechen

Date

Daytime Phone #

1/28/04 561-389-1157