



**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90220 024 \*\*\*\*61.25

<b>DOCUMENT # 716652</b>					
1. Entity Name <b>MAIN BOULEVARD ASSOCIATION, INC.</b>					
Principal Place of Business <b>230 SOUTH BLVD HIGH POINT III BOYNTON BEACH FL 33435</b>			Mailing Address <b>230 SOUTH BLVD HIGH POINT III BOYNTON BEACH FL 33435</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1378501</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MCMECHEN, PATRICIA 275 SOUTH BLVD APT D BOYNTON BEACH FL 33435</b>			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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: 		(NOTE Registered Agent signature required when reinstating)		DATE	
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<del>DARRON, LINDA</del> <input checked="" type="checkbox"/> Delete	TITLE	<b>Wickern, Gerard</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<del>430 NORTH BLVD #C</del>	NAME	<b>340 Main Blvd</b>		
STREET ADDRESS	<del>BOYNTON BEACH FL 33435</del>	STREET ADDRESS	<b>Boynton Beach FL 33435</b>		
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<b>S</b> <input type="checkbox"/> Delete	TITLE	<b>Grah, Peter</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>SARKA, MARY ANNE</b>	NAME	<b>270 South Blvd</b>		
STREET ADDRESS	<b>265 D SOUTH BLVD</b>	STREET ADDRESS	<b>Boynton Beach FL 33435</b>		
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33435</b>	CITY-ST-ZIP			
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE			
NAME	<b>CORSCADDEN, MARIE</b>	NAME			
STREET ADDRESS	<b>430 NORTH BLVD APT D</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33435</b>	CITY-ST-ZIP			
TITLE	<del>Ruocco</del> <input type="checkbox"/> Delete	TITLE			
NAME	<del>RUOCCO, JOHN</del>	NAME			
STREET ADDRESS	<b>450 NORTH BLVD APT C</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33435</b>	CITY-ST-ZIP			
TITLE	<b>Treas</b> <input type="checkbox"/> Delete	TITLE			
NAME	<b>MOORE, JOAN B.</b>	NAME			
STREET ADDRESS	<b>365 MAIN BLVD</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>	CITY-ST-ZIP			
TITLE	<b>PD</b> <input type="checkbox"/> Delete	TITLE			
NAME	<b>MCMECHEN, PATRICIA</b>	NAME			
STREET ADDRESS	<b>275 D. SOUTH BLVD</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33435</b>	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:  (Patricia McMechen) **4/18/05 (561) 368-1157**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #