


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90224 050 ****61.25

DOCUMENT # 716652	
1. Entity Name	
MAIN BOULEVARD ASSOCIATION, INC.	

Principal Place of Business	Mailing Address
230 SOUTH BLVD HIGH POINT III BOYNTON BEACH FL 33435	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



1st MOORE CR2E037 (10/05)

4. FEI Number		Applied For
59-1378501		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MCMECHEN, 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, 2006

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VT <i>Wichern</i>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERARD, WICKERN		NAME		
STREET ADDRESS	340 MAIN BLVD		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33435		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARKA, MARY ANNE		NAME		
STREET ADDRESS	265 D SOUTH BLVD		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33435		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORSCADDEN, MARIE		NAME		
STREET ADDRESS	430 NORTH BLVD APT D		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33435		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUOCCO, JOHN		NAME		
STREET ADDRESS	450 NORTH BLVD APT C		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33435		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, JOAN		NAME		
STREET ADDRESS	365 MAIN BLVD		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMECHEN, PATRICIA		NAME		
STREET ADDRESS	275 D. SOUTH BLVD		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33435		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Mc Mechen Patricia Mc Mechen* 3/31/06 361-364-1157