

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 28, 2003 8:00 am
Secretary of State

3 03-12-2003 90067 040 ****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**

55020564



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1378501		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
ORMSBY, JEAN 455-D NORTH BLVD BOYNTON BEACH FL 33435				Name Patricia McMechan			
				Street Address (P.O. Box Number is Not Acceptable) 275 South Blvd Apt D			
				City Boynton Beach		FL	

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 Patricia McMechan DATE 3/26/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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	V	<input checked="" type="checkbox"/> Delete	TITLE	VP - TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOYCE, ENZABETH		NAME	Linda Darrow	
STREET ADDRESS	455-A NORTH BLVD		STREET ADDRESS	430 North Blvd #c	
CITY-ST-ZIP	BOYNTON BEACH FL 33435		CITY-ST-ZIP	Boynton Beach FL 33435	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	Mary Anne Sarka (Secy)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HILTON, ANNETTE		NAME	2650 South Blvd	
STREET ADDRESS	340-B MAIN BLVD		STREET ADDRESS	Boynton Beach FL 33435	
CITY-ST-ZIP	BOYNTON BEACH FL 33435		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Secy	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMSON, JANE		NAME	Marie Corscadden	
STREET ADDRESS	455-C NORTH BLVD		STREET ADDRESS	430 North Blvd Apt D	
CITY-ST-ZIP	BOYNTON BEACH FL 33435		CITY-ST-ZIP	Boynton Beach FL 33435	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	John Ruocco (Dir)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORENO, BETTY		NAME	450 North Blvd Apt c	
STREET ADDRESS	440-C NORTH BLVD		STREET ADDRESS	Boynton Beach FL 33435	
CITY-ST-ZIP	BOYNTON BEACH FL 33435		CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Delete	TITLE	Peter Grah (Director)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WETZEL, ROBERT		NAME	270 South Blvd Apt A	
STREET ADDRESS	4-45-D NORTH BLVD		STREET ADDRESS	Boynton Beach FL 33435	
CITY-ST-ZIP	BOYNTON BEACH FL 33435		CITY-ST-ZIP		
TITLE	D President	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" 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 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: **SIGNATURE REQUIRED** Patricia McMechan 3/24/03 368-1157
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)