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NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 708362

400 ASSOCIATION, INC.

Principal Place of Business

Mailing Address

400 SOUTH OCEAN BOULEVARD PALM BEACH FL 33480

400 SOUTH OCEAN BOULEVARD PALM BEACH FL 33480



									3. Date Incorporated or Qualified	3a. Dat				
2. Principal Place of Business 2a.			Mark and a			01/21/1965	03/17/1995							
21				a. Mailing Address				4. FEI Number			Applied For			
Suite, Apt. #, etc.		26					59-1113650			Not Applicable				
├ ¬ ` ' '		27	Suite, Apt. #, etc.				5. Certificate of Status Desired	П		5 Additional				
City & State			City & State							Required				
hm '			28	Oty & State				6. Election Campaign Financing			00 May Be			
			Zip Country				Trust Fund Contribution			ed to Fees				
24		25	29	30					This corporation has liability for intangible tax under s. 199,032, Florida Statutes					
	9. Name	and Address of Curr	ent Regis	stered Agent	1501_	\top	10. Name and Address of New Registered Agent							
			., -,-	-		81	Name							
RFCKF	ER & POLIAK	(OFF PA												
		AVE SOUTH				82	Street Address (P.O. Box Number is Not Acceptable)							
7TH F		NIE GOOTH				83								
		H FL 33401-5034				oxdot								
11201	T CENT DECC	411 E 0040 1-0004				84	City			FI	85 Z	p Code		
11. Pursuan	t to the provisi	ons of Sections 617.05	02 and 61	7.1508. Florida Statute	s the at) YOVe-r	named co	ornorati	on submite this statement for the number	<u> FL</u>				
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am														
SIGNATURE	~ ~	20140	W/s	Catalogs.	0.				ターラグ	a	/			
SIGNATURE	Signature, typed		ent and title if	SUCCESSION (NOT			t signature i	required w	B-25) (
12.		OFFICERS A			13		- Congression	- D-Q-3-C-D-Q-1	ADDITIONS/CHANGES TO OFFICE	D1112		DRS IN 12		
TITLE	P			DELETE	1.1	TITLE		Pr	esident		Change	Addition		
NAME	BROUG	HER, NANCY			1.2	NAME		W1	lliamson, George	_				
STREET ADDRESS			1.3				O South Ocean Blvd.							
CITY-ST-ZIP	PALM B	PALM BEACH FL			14			1	lm Beach, Fl. 33480					
TITLE	VP								ce-President	ī	Change	Addition		
NAME	BLAIR, (CLAUDE M			2.2	NAME			ougher, Nancy	_				
STREET ADDRESS	400 SO	400 SOUTH OCEAN BLVD			2.3				400 South Ocean Blvd.					
CITY-ST-ZIP	PALM 8	PALM BEACH FL			2.4				Palm Beach, F1, 33480					
TITLE	S	S DELETE							cretary		Change	Addition		
NAME	GILBANI	GILBANE, JEAN			3.2 (Stephan, Miriam					
STREET ADDRESS	400 SOI	400 SOUTH OCEAN BLVD		3.3 9				400 South Ocean Blvd.			ļ			
CITY-ST-ZIP	PALM B	EACH FL			3.4.	CITY-S	I-ZIP							
TITLE	T			DELETE		TITLE		Tr	lm Beach, Fl. 33480 easurer	Ð	Change	Addition		
NAME	BROWN	, BRUCE W			4. 2	NAME		I	ckle, Garrison DuP	-	٠			
STREET ADDRESS	400 SOI	UTH OCEAN BLVD			4.3 \$	STREET	ADDRESS	I	O South Ocean Blvd.					
CITY-ST-ZIP	PALM B	EACH FL			4.4 (CITY-ST	r- ZIP		lm Beach, F1. 33480			ŀ		
TITLE	D			DELETE	5.17			Di	rector	<u></u>	Change	Addition		
NAME		GARRISON DUPON	T		5.21	IAMÉ		B18	air, Claude M.		•	_		
STREET ADDRESS		JTH OCEAN BLVD			535	TREET	ADDRESS		South Ocean Blvd.					
CITY-ST-ZIP	PALM B	EACH FL			540	HTY-ST	-ZIP							
TITLE	D			DELETE	6.1 T						Change	Addition		
NAME	BROUGH	HER, DALE W			6.2 N	AME				_	•			
STREET ADDRESS	400 SOL	JTH OCEAN BLVD			6.3 S	TREET A	ADDRESS							
CHTY-ST-ZIP	PALM BI	EACH FL				ITY - ST								
CITY-ST-ZIP TITLE NAME	PALM B D BROUGH 400 SOU	EACH FL HER, DALE W JTH OCEAN BLVD		DELETE	54 C 61 T 62 M	OTY-ST ITLE IAME	- ZIP	Pa: Di: Bro	O South Ocean Blvd. Im Beach, F1. 33480 rector ougher, Dale W. O S. Ocean Blvd.		Change	Addition		
CITY-ST-ZIP	PALM B	EACH FL			6.4 0	ITY - ST	- ZIP		lm Reach Fl. 33480			1		

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attactioned with an address.

SIGNATURE: