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Mar 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 708362 (9)

1. Corporation Name

400 ASSOCIATION, INC.

Principal Place of Business	Mailing Address
400 SOUTH OCEAN BOULEVARD PALM BEACH FL 33480	400 SOUTH OCEAN BOULEVARD PALM BEACH FL 33480-4420

3. Date Incorporated or Qualified: 01/21/1965
3a. Date of Last Report: 04/17/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 59-1113650 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BECKER & POLIAKOFF , PA
450 AUSTRALIAN AVE SOUTH
7TH FLOOR
WEST PALM BEACH FL 33401-5034

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GEORGE WILLIAMSON		1.2 NAME	
STREET ADDRESS	400 SOUTH OCEAN BLVD		1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL		1.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	NANCY BROUGHER		2.2 NAME	
STREET ADDRESS	400 SOUTH OCEAN BLVD.		2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MIRIAM STEPHAN		3.2 NAME	
STREET ADDRESS	400 SOUTH OCEAN BLVD.		3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL		3.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	GARRISON DUP LICKLE		4.2 NAME	
STREET ADDRESS	400 SOUTH OCEAN BLVD		4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	CLAUDE M BLAIR		5.2 NAME	
STREET ADDRESS	400 SOUTH OCEAN BLVD.		5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL		5.4 CITY-ST-ZIP	VB 3-10
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	BROUGHER, DALE W		6.2 NAME	700002108337
STREET ADDRESS	400 SOUTH OCEAN BLVD		6.3 STREET ADDRESS	-03/10/97--01081--014
CITY-ST-ZIP	PALM BEACH FL		6.4 CITY-ST-ZIP	***61.25

CR2E037 (9/96)

14. I do 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 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 attachment with an address.

SIGNATURE: George Williamson 2-27-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0039348