

2001 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-05-2001 90043 022 ****61.25

DOCUMENT # 708362

1. Entity 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**

38618



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1113650

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **CMC Management Inc.**

Street Address (P.O. Box Number is Not Acceptable)

2994 Jog Rd. Ste B

City **Greenacres**

FL

Zip Code **33467**

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.

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	☒ Delete
NAME	CURRY, JOHN F III	
STREET ADDRESS	400 SOUTH OCEAN BLVD	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	D	☒ Delete
NAME	NANCY BROUGHER	
STREET ADDRESS	400 SOUTH OCEAN BLVD.	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	D	☒ Delete
NAME	MIRIAM STEPHAN	
STREET ADDRESS	400 SOUTH OCEAN BLVD.	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	VP	☒ Delete
NAME	HANSEN, JULIA	
STREET ADDRESS	400 SOUTH OCEAN BLVD	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	D	☒ Delete
NAME	CLAUDE M BLAIR	
STREET ADDRESS	400 SOUTH OCEAN BLVD.	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	D	☒ Delete
NAME	SWEET, ROBERT	
STREET ADDRESS	400 SOUTH OCEAN BLVD	
CITY-ST-ZIP	PALM BEACH FL 33480	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	☐ Change ☒ Addition
NAME	Dennis Gallo	
STREET ADDRESS	400 SOUTH OCEAN BLVD #406	
CITY-ST-ZIP	Palm Beach FL 33480	
TITLE	John B. Dodge	☐ Change ☒ Addition
NAME	John B. Dodge	
STREET ADDRESS	400 S. Ocean Blvd #412	
CITY-ST-ZIP	Palm Beach FL 33480	
TITLE	Christopher Drake	☐ Change ☒ Addition
NAME	Christopher Drake	
STREET ADDRESS	400 S. Ocean Blvd. #208	
CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE	Robert Gilbane	☐ Change ☒ Addition
NAME	Robert Gilbane	
STREET ADDRESS	400 S. Ocean Blvd #402	
CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE	Tr Ellen L'Esperance	☐ Change ☒ Addition
NAME	Ellen L'Esperance	
STREET ADDRESS	400 S. Ocean Blvd #213	
CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE	Sec. Shane O'Neil	☐ Change ☒ Addition
NAME	Shane O'Neil	
STREET ADDRESS	400 S. Ocean Blvd. #201	
CITY-ST-ZIP	Palm Beach, FL 33480	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/01

Date

561-655-5970

Daytime Phone #

CR2E037 (10/00)