

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

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90870 047 ****61.25

DOCUMENT # **7083602**

1. Entity Name

400 Association Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

400 S. Ocean Blvd

3. Mailing Address

400 S. Ocean Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Beach FL

City & State

Palm Beach FL

Zip

33480

Country

U.S.

Zip

33467

Country

U.S.

4. FEI Number

59-113650

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CMC Management, Inc

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

2994 Jog Road Ste B

City

Green Acres

FL

Zip Code

33467

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IN THIS SPACE**

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

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Pr.
John B. Dodge
400 S. Ocean Blvd #412
Palm Beach, FL 33467**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
Dennis Gallo
400 S. Ocean Blvd #406
Palm Beach, FL 33467**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
Robert Gilbane
400 S. Ocean Blvd #402
Palm Beach, FL 33467**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
Christopher Drake
400 S. Ocean Blvd #208
Palm Beach, FL 33467**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Sec.
Shane O'Neil
400 S. Ocean Blvd #201
Palm Beach, FL 33467**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Tr
William Board
400 S. Ocean Blvd #407
Palm Beach, FL 33467**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven Hildebrandt Mgr 3/12/02 5470

CR2E037B (12/01)