

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90119 020 ****61.25

DOCUMENT # 708362 1. Entity Name 400 ASSOCIATION, INC.					
Principal Place of Business 400 SOUTH OCEAN BOULEVARD PALM BEACH, FL 33480			Mailing Address 400 SOUTH OCEAN BOULEVARD PALM BEACH, FL 33480		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1113650	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CMC MANAGEMENT INC 2994 JOY RD SUITE B CORCENACRES, FL 33467			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	VD	<input type="checkbox"/> Delete	TITLE	Treas. TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GALLO, DENNIS		NAME	Nancy Brougher	
STREET ADDRESS	400 SOUTH OCEAN BLVD # 406		STREET ADDRESS	400 South Ocean Blvd. #413/4414	
CITY-ST-ZIP	PALM BEACH, FL 33480		CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE	P	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DODGE, JOHN B		NAME	Ralph Ferrara	
STREET ADDRESS	400 S OCEAN BLVD # 412		STREET ADDRESS	400 South Ocean Blvd. #214	
CITY-ST-ZIP	PALM BEACH, FL 33480		CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BIANCO, ANGELO		NAME	Lawrence Heamer	
STREET ADDRESS	400 S OCEAN BLVD., #222		STREET ADDRESS	400 South Ocean Blvd. #422	
CITY-ST-ZIP	PALM BEACH, FL 33480		CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GILBANE, ROBERT		NAME	Peter Knudsen	
STREET ADDRESS	400 S OCEAN BLVD # 402		STREET ADDRESS	400 South Ocean Blvd #108	
CITY-ST-ZIP	PALM BEACH, FL 33480		CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE	TR	<input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BAVID, WILLIAM		NAME	Christopher Sweet	
STREET ADDRESS	400 S. OCEAN BLVD. #407		STREET ADDRESS	400 South Ocean Blvd #108	
CITY-ST-ZIP	PALM BEACH, FL 33480		CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	O'NEIL, SHANE		NAME	Dianne Tosi	
STREET ADDRESS	400 S OCEAN BLVD # 201		STREET ADDRESS	400 South Ocean Blvd PH-D	
CITY-ST-ZIP	PALM BEACH, FL 33480		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 stated 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 signed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					