2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State
04-10-2006 90291 012 ****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

04042006 Chg-NP CR2E037 (11/05)

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 ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CMC MANAGEMENT INC
2994 JOY RD
SUITE B
CORCENACRES, FL 33467

7. Name and Address of New Registered Agent

Name ALICE D. HODACH, Mgt.
Street Address (P.O. Box Number is Not Acceptable)
400 South Ocean Blvd
City Palm Beach FL Zip Code 33480

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 Alice D Hodach 4-4-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GALLO, DENNIS 400 SOUTH OCEAN BLVD # 406 PALM BEACH, FL 33480	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BROUGHER, NANCY 400 S. OCEAN BLVD, # 413 PALM BEACH, FL 33480	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	X D DODGE, JOHN B 400 S OCEAN BLVD # 412 PALM BEACH, FL 33480	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLOMEYER, STEPHANIE 400 S. OCEAN BLVD, # 204 PALM BEACH, FL 33480	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LEARNER, LAURENCE 400 SOUTH OCEAN BLVD #422 PALM BEACH, FL 33480	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LEAMER, LAURENCE 400 S. OCEAN BLVD, # 422 PALM BEACH, FL 33480	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	X D GILBANE, ROBERT 400 S OCEAN BLVD # 402 PALM BEACH, FL 33480	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KNOWLES, PETER 400 S. OCEAN BLVD, #108 PALM BEACH, FL 33480	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SWEET, CHRISTOPHER 400 SOUTH OCEAN BLVD #108 PALM BEACH, FL 33480	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TOSI, DYANNE 400 SOUTH OCEAN BLVD PH-D PALM BEACH, FL 33480	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Peter I. C. Knowles, II PETER I. C. KNOWLES, II Treasurer 4/7/06 561-655-5470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #