2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708362

Entity Name: 400 ASSOCIATION, INC.

FILED Apr 02, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
400 SOUTH OCEAN BOULEVARD PALM BEACH, FL 33480						
Current Mailing Address:				New Mailing Address:		
400 SOUTH OCEAN BOULEVARD PALM BEACH, FL 33480						
FEI Number: 59-1113650 FEI Number Applied For ()		FEI Num	El Number Not Applicable () Certificat		Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
HODACH, ALICE D 400S OCEAN BLVD. PALM BEACH, FL 33480 US				HODACH, ALICE D 400 SOUTH OCEAN BLVD. PALM BEACH, FL 33480 US		
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: ALICE HODACH				04/02/2009		
Electronic Signature of Registered Agent			nt	Date		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () D BROUGHER, NAN 400 S OCEAN BL PALM BEACH, FL	ICY VD. #413		Title: Name: Address: City-St-Zip:	() Change ()Addition
Title: Name: Address: City-St-Zip:	VP () D WALDIN, ERIK 400 S. OCEAN BL PALM BEACH, FL	.VD #215		Title: Name: Address: City-St-Zip:	() Change ()Addition
Title: Name: Address: City-St-Zip:	SD () D LEAMER, LAURE 400 SOUTH OCE, PALM BEACH, FL	AN BLVD #422		Title: Name: Address: City-St-Zip:	() Change ()Addition
Title: Name: Address: City-St-Zip:	D () D GILBANE, ROBER 400 S OCEAN BL PALM BEACH, FL	RT VD # 402		Title: Name: Address: City-St-Zip:	() Change ()Addition
Title: Name: Address: City-St-Zip:	T () D BLOMEYER, STE 400 S. OCEAN BL PALM BEACH, FL	.VD #204		Title: Name: Address: City-St-Zip:	D (X TOSI, DYANNI 400 S. OCEAN PALM BEACH	N BLVD #204
Title: Name: Address: City-St-Zip:	T () D MENKES, ALAN 400 S OCEAN BL PALM BEACH, FL			Title: Name: Address: City-St-Zip:	() Change ()Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURENCE LEAMER S 04/02/2009