

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 708362

**Entity Name:** 400 ASSOCIATION, INC.**Current Principal Place of Business:**400 SOUTH OCEAN BOULEVARD  
PALM BEACH, FL 33480**Current Mailing Address:**400 SOUTH OCEAN BOULEVARD  
PALM BEACH, FL 33480**FEI Number:** 59-1113650**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PD
Name	BROUGHER, NANCY
Address	400 S OCEAN BLVD. #413
City-State-Zip:	PALM BEACH FL 33480

Title	SD
Name	LEAMER, LAURENCE
Address	400 SOUTH OCEAN BLVD #422
City-State-Zip:	PALM BEACH FL 33480

Title	1ST VP/D
Name	DODGE, LORE
Address	400 S. OCEAN BLVD #412
City-State-Zip:	PALM BEACH FL 33480

Title	2ND VP/D
Name	WILLIAMSON, GEORGE T
Address	400 SOUTH OCEAN BOULEVARD UNIT 105
City-State-Zip:	PALM BEACH FL 33480

Title	D
Name	GILBANE, ROBERT
Address	400 S OCEAN BLVD # 402
City-State-Zip:	PALM BEACH FL 33480

Title	T
Name	GIBBONS, MICHAEL
Address	400 S OCEAN BLVD #PH-C
City-State-Zip:	PALM BEACH FL 33480

*I hereby 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 all other like empowered.*

**SIGNATURE: LAURENCE LEAMER****SECRETARY****03/21/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date