

2024 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:**BECKER & POLIAKOFF, P.A.
1 E BROWARD BLVD. #1800
FORT LAUDERDALE, FL 33301 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 PRESIDENT/TREASURER
Name MISSNER, DAVID
Address 400 S OCEAN BLVD. #108
City-State-Zip: PALM BEACH FL 33480

Title VP
Name FERRARA, RALPH
Address 400 S OCEAN BOULEVARD #213/214
City-State-Zip: PALM BEACH FL 33480

Title DIRECTOR
Name COPPLESTONE, JONATHAN
Address 400 S OCEAN BLVD #418
City-State-Zip: PALM BEACH FL 33480

Title DIRECTOR
Name QUINN, SEAN
Address 400 S OCEAN BLVD #224
City-State-Zip: PALM BEACH FL 33480

Title SECRETARY
Name PRICE, BARBARA
Address 400 S OCEAN BLVD #401
City-State-Zip: PALM BEACH FL 33480

Title DIRECTOR
Name BYRNE, KEVIN
Address 400 S. OCEAN BLVD., #PHB
City-State-Zip: PALM BEACH FL 33480

Title DIRECTOR
Name LANG, WESLEY
Address 400 S OCEAN BOULEVARD #405
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: DAVID MISSNER

P/T

01/25/2024

Electronic Signature of Signing Officer/Director Detail_____
Date