

**2022 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 SECRETARY/TREASURER  
Name MISSNER, DAVID  
Address 400 S OCEAN BLVD. #108  
City-State-Zip: PALM BEACH FL 33480

Title VP  
Name HAUBOLD, SAMUEL  
Address 400 S OCEAN BOULEVARD #406  
City-State-Zip: PALM BEACH FL 33480

Title PRESIDENT  
Name CHAMBY, DAN  
Address 400 S OCEAN BLVD #412  
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 DIRECTOR  
Name KERTESS, HANS  
Address 400 S. OCEAN BLVD., #101  
City-State-Zip: PALM BEACH FL 33480

Title DIRECTOR  
Name PRICE, BARBARA  
Address 400 S OCEAN BLVD #401  
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**SECRETARY/TREASURER** 01/24/2022\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date