


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90092 050 ****61.25

DOCUMENT # N06501	
1. Entity Name 1000 FORTY-FIFTH CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 1000 45TH STREET #1 WEST PALM BEACH FL 33407	Mailing Address 1000 45TH STREET #1 WEST PALM BEACH FL 33407
---	---

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 59-2719696	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
------------------------------------	---

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
--	---------------------------------------



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent REID, PHILIP H., JR 340 ROYAL PALM WAY PALM BEACH FL
--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
--	------------------------------------

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE PD	<input type="checkbox"/> Delete
NAME CRITTENDEN, FRANK M JR MD	
STREET ADDRESS 1000 45TH STREET, BUILDING #1	
CITY-ST-ZIP WEST PALM BEACH FL 33407	
TITLE VPD	<input type="checkbox"/> Delete
NAME NOEL, VINCENT J	
STREET ADDRESS 1000 45TH ST BLDG 1	
CITY-ST-ZIP W PALM BCH FL 33407	
TITLE SD	<input type="checkbox"/> Delete
NAME NOEL, VINCE	
STREET ADDRESS 100 45TH ST BLDG 1	
CITY-ST-ZIP W PALM BCH FL 33407	
TITLE SD	<input type="checkbox"/> Delete
NAME SCHOOLEY, D. WAYNE	
STREET ADDRESS 1000 45TH STREET BLDG #1	
CITY-ST-ZIP WEST PALM BEACH FL 33407	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: FM Crittenden **3/8/04** (561)-863-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #