

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 08:00 AM
Secretary of State



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



03292005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2719696	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

REID, PHILIP H., JR
 340 ROYAL PALM WAY
 PALM BEACH, FL

DO NOT WRITE IN THIS SPACE

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

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000294761
 04/08/05-80083-004 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRITTENDEN, FRANK M JR MD 1000 45TH STREET, BUILDING #1 WEST PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NOEL, VINCENT J 1000 45TH ST BLDG 1 W PALM BCH, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NOEL, VINCE 100 45TH ST BLDG 1 W PALM BCH, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHOOLEY, D. WAYNE 1000 45TH STREET BLDG #1 WEST PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Frank M. Crittenden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 5/05

Date

561 863-1000

Daytime Phone #