

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 05, 2009
Secretary of State**

DOCUMENT# N06501

Entity Name: 1000 FORTY-FIFTH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1000 45TH STREET #1
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

1000 45TH STREET #1
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 59-2719696 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CRITTENDEN, FRANK M JR MD
Address: 1000 45TH STREET, BUILDING #1
City-St-Zip: WEST PALM BEACH, FL 33407

Title: VPD () Delete
Name: NOEL, VINCENT J
Address: 1000 45TH ST BLDG 1
City-St-Zip: W PALM BCH, FL 33407

Title: SD () Delete
Name: NOEL, VINCE
Address: 1000 45TH ST., BLDG #1
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D () Delete
Name: WILLIAMS, RICHARD
Address: 1000 45TH STREET BLDG #1
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: FRANK M. CRITTENDEN, M.D.

PD

04/05/2009

Electronic Signature of Signing Officer or Director

_____ Date