

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N06501 (3)**

1. Corporation 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**

3. Date Incorporated or Qualified: **12/05/1984**
3a. Date of Last Report: **04/05/1995**

21	2. Principal Place of Business	2a	2a. Mailing Address	4	4. FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2719696	Not Applicable
22	22. City & State	27	27. City & State	5	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	23. Zip	28	28. Zip	6	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	24. Country	29	29. Country	8	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
REID, PHILIP H., JR 340 ROYAL PALM WAY PALM BEACH FL		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JAMES F MD	1.2 NAME	
STREET ADDRESS	200 BUTLER ST STE 201	1.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRITTENDEN, FRANK M	2.2 NAME	Crittenden, Frank M. Jr.
STREET ADDRESS	1000 45TH ST BLDG 1	2.3 STREET ADDRESS	1000 45th St., Bldg. # 1
CITY-ST-ZIP	W PALM BCH FL	2.4 CITY-ST-ZIP	West Palm Beach FL 33407
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOKOLOFF, DEENA	3.2 NAME	
STREET ADDRESS	100 45TH ST BLDG 1	3.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Nicholas DeSalvo
STREET ADDRESS		4.3 STREET ADDRESS	1000 45th St., Bldg. # 1
CITY-ST-ZIP		4.4 CITY-ST-ZIP	West Palm Beach, FL 33407
TITLE		5.1 TITLE	Secretary/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Gloria DeSalvo
STREET ADDRESS		5.3 STREET ADDRESS	1000 45th St., Bldg. # 1
CITY-ST-ZIP		5.4 CITY-ST-ZIP	West Palm Beach, FL 33407
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Frank M. Crittenden Jr.* DATE: **4/8/96** (407-863-1000)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E037 (12/96)