

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90154 036 \*\*\*\*61.25

**DOCUMENT # N06501**

1. Entity Name

**1000 FORTY-FIFTH CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

1000 45TH STREET #1  
 WEST PALM BEACH FL 33407

1000 45TH STREET #1  
 WEST PALM BEACH FL 33407-2434

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**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**  Delete  
 NAME **CRITTENDEN, FRANK M JR MD**  
 STREET ADDRESS **1000 45TH STREET, BUILDING #1**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE **President / Director**  Change  Addition  
 NAME **Crattenden, FRANK M JR MD.**  
 STREET ADDRESS **1000 45th st. Bldg #1**  
 CITY-ST-ZIP **West Palm Beach, FL 33407**

TITLE **VD**  Delete  
 NAME **YEAGEL, DAN**  
 STREET ADDRESS **1000 45TH ST BLDG 1**  
 CITY-ST-ZIP **W PALM BCH FL 33407**

TITLE **Vice President / Director**  Change  Addition  
 NAME **Yeakel, DAN**  
 STREET ADDRESS **1000 45th st. Bldg #1**  
 CITY-ST-ZIP **W. Palm Beach, FL 33407**

TITLE **SD**  Delete  
 NAME **NOEL, VINCE**  
 STREET ADDRESS **100 45TH ST BLDG 1**  
 CITY-ST-ZIP **W PALM BCH FL 33407**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **ST**  Delete  
 NAME **GLORIA DESALVO**  
 STREET ADDRESS **1000 45TH STREET, BLDG. #1**  
 CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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: FRANK M. CRITTENDEN JR MD **FRANK M. Crittenden** 3/28/2000 (561) 863-1000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E037 (9/99)