

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90046 050 \*\*\*\*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**

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	<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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

*SIGNATURE REQUIRED*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-02

Date

Daytime Phone #

CR2E037 (9/01)