

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90057 028 ****61.25

0041494

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N06501

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**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/05/1984	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2719696	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLAS DESALVO		1.2 NAME	Frank M. Crittenden, Jr., M.D.	
STREET ADDRESS	1000 45TH STREET, BUILDING #1		1.3 STREET ADDRESS	1000 45th St., Bldg. # 1	
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY-ST-ZIP	West Palm Beach, FL 33407	
TITLE	PD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	Director/Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRITTENDEN, FRANK M J		2.2 NAME	Dan Yeagel	
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	
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	Director, Sec'y	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOKOLOFF, DEENA		3.2 NAME	Vince Noel	
STREET ADDRESS	100 45TH ST BLDG 1		3.3 STREET ADDRESS	1000 45th St., Bldg. # 1	
CITY-ST-ZIP	W PALM BCH FL		3.4 CITY-ST-ZIP	West Palm Beach, FL 33407	
TITLE	ST	<input checked="" type="checkbox"/> DELETE	4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLORIA DESALVO		4.2 NAME		
STREET ADDRESS	1000 45TH STREET, BLDG. #1		4.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	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 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 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, with all other like empowered.

SIGNATURE: THOMAS CRITTENDEN **SIGNATURE REQUIRED** 3/18/99 (561-863-1000)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)