

2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # N06501

1. Entity Name

1000 FORTY-FIFTH CONDOMINIUM ASSOCIATION, INC.

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

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

Principal Place of Business 1000 45TH STREET #1 WEST PALM BEACH FL 33407	Mailing Address 1000 45TH STREET #1 WEST PALM BEACH FL 33407-2434
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2719696		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent REID, PHILIP H., JR 340 ROYAL PALM WAY PALM BEACH FL		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	PD CRITTENDEN, FRANK M JR MD 1000 45TH STREET, BUILDING #1 WEST PALM BEACH FL 33407 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President / Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Crittenden, FRANK M JR MD. 1000 45th St. Bldg #1 West Palm Beach, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD YEAGEL, DAN 1000 45TH ST BLDG 1 W PALM BCH FL 33407 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President / Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Yeagel, DAN 1000 45th St. Bldg #1 W. Palm Beach, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NOEL, VINCE 100 45TH ST BLDG 1 W PALM BCH FL 33407 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GLORIA DESALVO 1000 45TH STREET, BLDG. #1 WEST PALM BEACH FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SEAN ATLAS *FRANK M. Crittenden* 3/28/2000 (561) 863-1000
Jr. MD Date Date-time Phone #

CR2E037 (9/99)