## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 02, 2001 8:00 am Secretary of State **DOCUMENT # N06501** 1. Entity Name 1000 FORTY-FIFTH CONDOMINIUM ASSOCIATION, INC. 04-02-2001 90063 013 \*\*\*\*61.25 Principal Place of Business Mailing Address 1000 45TH STREET #1 1000 45TH STREET #1 WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2719696 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) REID, PHILIP H., JR 340 ROYAL PALM WAY PALM BEACH 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. SIGNATÜRE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CRITTENDEN, FRANK M JR MD NAME STREET ADDRESS 1000 45TH STREET, BUILDING #1 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33407 TITLE VPD. Change Äddition 🔀 Delete TITI F VINCENT J NOEL NAME YEAGEL, DAN NAME STREET ADDRESS 1000 45TH ST BLDG 1 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP W PALM BCH FL 33407 ☐ Delete TITLE Change Addition NAME NOEL, VINCE NAME STREET ADDRESS 100 45TH ST BLDG 1 STREET ADDRESS **3340** CITY-ST-ZIP CITY-ST-ZIP W PALM BCH FL 33407 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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

CITY-ST-ZIP

CITY-ST-7IP

President 3/29/01 (561 863 1000