

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 08, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N06501**

1. Entity 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



03292005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2719696

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

UD00000294761  
04/08/05-80083-004 61.25

**10. OFFICERS AND DIRECTORS**

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

TITLE VPD  
NAME NOEL, VINCENT J  
STREET ADDRESS 1000 45TH ST BLDG 1  
CITY-ST-ZIP W PALM BCH, FL 33407

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

TITLE SD  
NAME SCHOOLEY, D. WAYNE  
STREET ADDRESS 1000 45TH STREET BLDG #1  
CITY-ST-ZIP WEST PALM BEACH, FL 33407

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 5/05

561 863-1000  
Daytime Phone #