

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000006024

**Entity Name:** SOUTHERN GROVE CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Mar 19, 2020**  
**Secretary of State**  
**5663823125CC**

**Current Principal Place of Business:**

475 WEST TOWN PLACE  
SUITE 112  
ST. AUGUSTINE, FL 32092

**Current Mailing Address:**

5455 A1A SOUTH  
ST. AUGUSTINE, FL 32080 US

**FEI Number: 59-3750105**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MAY MANAGEMENT SERVICES, INC.  
5455 A1A SOUTH  
ST. AUGUSTINE, FL 32080 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VP  
Name DEGUZMAN, DENNIS  
Address 475 W. TOWN PLACE  
SUITE 112  
City-State-Zip: ST. AUGUSTINE FL 32095

Title PRESIDENT  
Name LETSKY, WILLIAM  
Address 475 W. TOWN PLACE  
SUITE 112  
City-State-Zip: ST. AUGUSTINE FL 32095

Title SECRETARY  
Name SUTHERLAND, GENE  
Address 475 W. TOWN PLACE  
SUITE 112  
City-State-Zip: ST AUGUSTINE FL 32095

Title T  
Name HOLTON, ANDREW T  
Address 5455 A1A SOUTH  
City-State-Zip: ST. AUGUSTINE FL 32080

Title D  
Name ESSER, RICHARD M  
Address 5455 A1A SOUTH  
City-State-Zip: ST. AUGUSTINE FL 32080

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: WILLIAM LETSKY**

**PRESIDENT**

**03/19/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date