

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000001394

**FILED**  
**Feb 23, 2022**  
**Secretary of State**  
**8589365968CC**

**Entity Name:** ARBOR PLACE CONDOMINIUM PHASE I ASSOCIATION, INC.

**Current Principal Place of Business:**

1007 PATHFINDER WAY  
SUITE 100  
ROCKLEDGE, FL 32955

**Current Mailing Address:**

1007 PATHFINDER WAY  
SUITE 100  
ROCKLEDGE, FL 32955 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

DONOGHUE, ELIZABETH B  
1007 PATHFINDER WAY  
120  
ROCKLEDGE, FL 32955 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:** ELIZABETH B DONOGHUE

02/23/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SALVATORE, JEFFREY D  
Address        1007 PATHFINDER WAY  
                  100  
City-State-Zip: ROCKLEDGE FL 32955

Title            VP  
Name            DONOGHUE, ELIZABETH B  
Address        P.O. BOX 561627  
City-State-Zip: ROCKLEDGE FL 32956

Title            SECRETARY, TREASURER  
Name            SALVATORE, JEFFREY D  
Address        1007 PATHFINDER WAY  
                  SUITE 100  
City-State-Zip: ROCKLEDGE FL 32955

Title            DIRECTOR  
Name            2-1-1 BREVARD, INC.  
Address        P.O. BOX 561627  
City-State-Zip: ROCKLEDGE FL 32956-1627

Title            DIRECTOR  
Name            CT PEDIATRICS PA  
Address        1007 PATHFINDER WAY  
                  SUITE 130  
City-State-Zip: ROCKLEDGE FL 32955

Title            DIRECTOR  
Name            PAYPROS INC  
Address        1007 PATHFINDER WAY  
                  SUITE 100  
City-State-Zip: ROCKLEDGE FL 32955

*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:** JEFFREY D. SALVATORE

**PRESIDENT**

02/23/2022

Electronic Signature of Signing Officer/Director Detail

Date