

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

DOCUMENT# N06000000844

**FILED**  
**Mar 31, 2020**  
**Secretary of State**  
**6157199038CC**

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

**Current Principal Place of Business:**

ARBOR HEIGHTS CONDOMINIUM ASSOCIATION  
ATTN: CLUBHOUSE-3001 58TH AVE. SOUTH  
ST PETERSBURG, FL 33712

**Current Mailing Address:**

RESOURCE PROPERTY MANAGEMENT  
5901 SUN BLVD SUITE 103  
ST PETERSBURG, FL 33175 US

**FEI Number:** 20-5086599

**Certificate of Status Desired:** No

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

ZACUR, RICHARD ATTORNEY  
5200 CENTRAL AVE  
ST PETERSBURG, FL 33707 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:** RICHARD ZACUR 03/31/2020  
\_\_\_\_\_  
Electronic Signature of Registered Agent Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            TRUAX, JAMES  
Address        RESOURCE PROPERTY  
                  MANAGEMENT  
                  5901 SUN BLVD SUITE 103  
City-State-Zip: ST PETERSBURG FL 33175

Title            VP  
Name            PURDY, KEITH  
Address        RESOURCE PROPERTY  
                  MANAGEMENT  
                  5901 SUN BLVD SUITE 103  
City-State-Zip: ST PETERSBURG FL 33175

Title            SECRETARY  
Name            OLIVER, DEBBIE  
Address        RESOURCE PROPERTY  
                  MANAGEMENT  
                  5901 SUN BLVD SUITE 103  
City-State-Zip: ST PETERSBURG FL 33175

Title            TREASURER  
Name            BLAIS, SYLVIE  
Address        RESOURCE PROPERTY  
                  MANAGEMENT  
                  5901 SUN BLVD SUITE 103  
City-State-Zip: ST PETERSBURG FL 33175

Title            DIRECTOR  
Name            EVANS, ED  
Address        RESOURCE PROPERTY  
                  MANAGEMENT  
                  5901 SUN BLVD SUITE 103  
City-State-Zip: ST PETERSBURG FL 33175

*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:** JAMES TRUAX PRESIDENT 03/31/2020  
\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail Date