

**2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**May 07, 2012**  
**Secretary of State**

DOCUMENT# N03000010050

**Entity Name:** ST. JOHNS FOREST MASTER PROPERTY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**151 SOUTHHALL LANE  
SUITE 200  
MAITLAND, FL 32751 US**New Principal Place of Business:****Current Mailing Address:**151 SOUTHHALL LANE  
SUITE 200  
MAITLAND, FL 32751 US**New Mailing Address:****FEI Number:** 20-1160631      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 US**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:****Title:** DP  
**Name:** IQBAL, ANAS  
**Address:** 151 SOUTHHALL LANE, SUITE 200  
**City-St-Zip:** MAITLAND, FL 32751 US**Title:** DV  
**Name:** LIQUORI, MICHAEL  
**Address:** 151 SOUTHHALL LANE, SUITE 200  
**City-St-Zip:** MAITLAND, FL 32751 US**Title:** DST  
**Name:** GLOBKE, BRENDA  
**Address:** 151 SOUTHHALL LANE, SUITE 200  
**City-St-Zip:** MAITLAND, FL 32751 US

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: MICHAEL LIQUORI

DV

05/07/2012

Electronic Signature of Signing Officer or Director

Date