

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

DOCUMENT# N10000004354

Entity Name: LAS CALINAS ESTATES HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**151 SOUTHHALL LANE STE 200
MAITALND, FL 32751**New Principal Place of Business:****Current Mailing Address:**151 SOUTHHALL LANE STE 200
MAITALND, FL 32751**New Mailing Address:****FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****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 STE 200
City-St-Zip: MAITALND, FL 32751

Title: DV
Name: LIQUORI, MICHAEL
Address: 151 SOUTHHALL LANE STE 200
City-St-Zip: MAITALND, FL 32751

Title: DST
Name: GLOBKE, BRENDA
Address: 151 SOUTHHALL LANE STE 200
City-St-Zip: MAITALND, FL 32751

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