

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000010050

**Entity Name:** ST. JOHNS FOREST MASTER PROPERTY OWNERS  
ASSOCIATION, INC.

**FILED**  
**Jan 29, 2013**  
**Secretary of State**  
**CC2180859747**

**Current Principal Place of Business:**

151 SOUTHHALL LANE  
SUITE 200  
MAITLAND, FL 32751

**Current Mailing Address:**

151 SOUTHHALL LANE  
SUITE 200  
MAITLAND, FL 32751 US

**FEI Number: 20-1160631**

**Certificate of Status Desired: No**

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

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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            PRESIDENT, DIRECTOR  
Name            RASMUSSEN, TODD  
Address        151 SOUTHHALL LANE  
                 SUITE 200  
City-State-Zip: MAITLAND FL 32751

Title            VP, DIRECTOR  
Name            LIQUORI, MICHAEL  
Address        151 SOUTHHALL LANE  
                 SUITE 200  
City-State-Zip: MAITLAND FL 32751

Title            SECRETARY, TREASURER,  
                 DIRECTOR  
Name            GLOBKE, BRENDA  
Address        151 SOUTHHALL LANE  
                 SUITE 200  
City-State-Zip: MAITLAND 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**

**VICE PRESIDENT,  
DIRECTOR**

**01/29/2013**

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

\_\_\_\_\_  
Date