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Apr 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 715095 (6)

1. Corporation Name

MAGNOLIA WATERFRONT APARTMENTS, INC.

Principal Place of Business

Mailing Address

% SNYDER & SPOERL  
P.O. BOX 844  
PALM HARBOR FL 34882-7844

% SNYDER & SPOERL  
P.O. BOX 844  
PALM HARBOR FL 34882-7844

3. Date Incorporated or Qualified

08/12/1968

4. FEI Number

59-1512931

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes

☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SNYDER, RICHARD  
2706 ALTERNATE US 10  
SUITE 310  
PALM HARBOR FL 34883

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD  
NAME PARRISH, LAWRENCE  
STREET ADDRESS 334 PENNSYLVANIA AVE., #3 P.O. BOX 312  
CITY-ST-ZIP OZONA FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE SD  
NAME SINCERBEAUX, ELIZABETH  
STREET ADDRESS 334 PENNSYLVANIA AVE., #4 P.O. BOX 789  
CITY-ST-ZIP OZONA FL

2.1 TITLE President - D  
2.2 NAME Bill Hirst  
2.3 STREET ADDRESS 334 Pennsylvania Avenue  
2.4 CITY-ST-ZIP OZONA, FL 34660

TITLE PD  
NAME HIRST, GAIL S.  
STREET ADDRESS 334 PENNSYLVANIA AVE., #1 P.O. BOX 818  
CITY-ST-ZIP OZONA FL

3.1 TITLE Secretary - D  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE DT  
NAME DELLMUTH, NANCY  
STREET ADDRESS 334 PENNSYLVANIA AVE., #2  
CITY-ST-ZIP OZONA FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William D. Hirst* WILLIAM D. HIRST

3/25/98

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X 787-6547

CR2E037 (10/97)