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**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90252 034 \*\*\*\*61.25

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 715095**

1. Corporation Name

**MAGNOLIA WATERFRONT APARTMENTS, INC.**

Principal Place of Business

% SNYDER & SPOERL  
P.O. BOX 844  
PALM HARBOR FL 34682-7844

Mailing Address

% SNYDER & SPOERL  
P.O. BOX 844  
PALM HARBOR FL 34682-7844



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

**08/12/1968**

4. FEI Number

**59-1512931**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

SNYDER, RICHARD  
2706 ALTERNATE US 19  
SUITE 310  
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent

81. Name

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

83. Suite 270

84. City

**FL**

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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

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

TITLE **P** ☐ DELETE  
NAME **HIRST, BILL**  
STREET ADDRESS **334 PENNSYLVANIA AVE., #1**  
CITY-ST-ZIP **OZONA FL 34660**

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

TITLE **DT** ☐ DELETE  
NAME **DELMUTH, NANCY**  
STREET ADDRESS **334 PENNSYLVANIA AVE., #2**  
CITY-ST-ZIP **OZONA FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE **SD** ☐ Change ☒ Addition  
3.2 NAME **Betty Sincerbeaux**  
3.3 STREET ADDRESS **334 Pennsylvania Avenue**  
3.4 CITY-ST-ZIP **Ozona, FL**

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

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

6.1 TITLE ☐ Change ☐ Addition  
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, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/22/99*

Date

*731-781-5547*

Daytime Phone #

CR2E037 (11/98)