


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 715095</b>	
1. Entity 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
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01142004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1512931	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
SNYDER, RICHARD 2706 ALTERNATE US 19 SUITE 270 PALM HARBOR, FL 34683	

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____	(NOTE: Registered Agent signature required when restate)	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PARRISH, SANDRA L 334 PENNSYLVANIA AVE. OZONA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CURRAN, GARY P.O. BOX 6741 OZONA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHADE, JOHN E 1020 RICKERTS RD HILLTOWN, PA 18927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHADE, MARILYN G 1020 RICKERTS RD HILLTOWN, PA 18927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEUER, MARGARET 334 PENNSYLVANIA AVE. OZONA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

<b>SIGNATURE: X</b> 	<b>X 2/3/04</b>	<b>X 704-1715</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #