

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90286 039 *****61.25

DOCUMENT # 715095

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

40067791



04132005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	PARRISH, SANDRA L
STREET ADDRESS	334 PENNSYLVANIA AVE.
CITY-ST-ZIP	OZONA, FL

TITLE	PD
NAME	CURRAN, GARY
STREET ADDRESS	P.O. BOX 6741
CITY-ST-ZIP	OZONA, FL

TITLE	SD
NAME	SCHADE, JOHN E
STREET ADDRESS	1020 RICKERTS RD
CITY-ST-ZIP	HILLTOWN, PA 18927

TITLE	TD
NAME	SCHADE, MARILYN G
STREET ADDRESS	1020 RICKERTS RD
CITY-ST-ZIP	HILLTOWN, PA 18927

TITLE	D
NAME	NEUER, MARGARET
STREET ADDRESS	334 PENNSYLVANIA AVE.
CITY-ST-ZIP	OZONA, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X

Date

4/26/05

Daytime Phone #

727 784-1715