

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 08:00 AM**  
**Secretary of State**

**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



03262008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-1512931

Applied For

Not Applicable

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

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  
TD  
SCHADE, JOHN E  
1020 RICKERTS RD  
HILLTOWN, PA 18927

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
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

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Margaret Neuer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/3/08 x 784-1714