

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715095

FILED
Apr 08, 2009
Secretary of State

Entity Name: MAGNOLIA WATERFRONT APARTMENTS, INC.

Current Principal Place of Business:

% SNYDER & SPOERL
P.O. BOX 844
PALM HARBOR, FL 346827844

New Principal Place of Business:

SNYDER & SPOERL
2706 ALT 19 N, SUITE 270
PALM HARBOR, FL 34683

Current Mailing Address:

% SNYDER & SPOERL
P.O. BOX 844
PALM HARBOR, FL 346827844

New Mailing Address:

SNYDER & SPOERL
2706 ALT 19 N, SUITE 270
PALM HARBOR, FL 34683

FEI Number: 59-1512931

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SNYDER, RICHARD
2706 ALTERNATE US 19
SUITE 270
PALM HARBOR, FL 34683 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: PARRISH, SANDRA L
Address: 334 PENNSYLVANIA AVE.
City-St-Zip: OZONA, FL

Title: PD () Delete
Name: CURRAN, GARY
Address: P.O. BOX 6741
City-St-Zip: OZONA, FL

Title: TD () Delete
Name: SCHADE, JOHN E
Address: 1020 RICKERTS RD
City-St-Zip: HILLTOWN, PA 18927

Title: SD () Delete
Name: SCHADE, MARILYN G
Address: 1020 RICKERTS RD
City-St-Zip: HILLTOWN, PA 18927

Title: D () Delete
Name: NEUER, MARGARET
Address: 334 PENNSYLVANIA AVE.
City-St-Zip: OZONA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY CURRAN

PRES

04/08/2009

Electronic Signature of Signing Officer or Director

Date