2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2007 8:00 am Secretary of State

04-16-2007 90046 049 ****61.25

DOCLIN	MENT # 715360	

1. Entity Name MAGNOLIA WATERFRONT APARTMENTS #2, INC.



C\O SYNDER P. O BOX 84	.4	Mailing Address C\O SYNDER & SPOERL P. O BOX 844		40061	[28			
PALM HARBO	OR, FL 34682	PALM HARBOR, FL 3468.	2	<u> </u>				
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		01082007	Chg-NP CR2E03	37 (12/06)		
City & State		City & State		4. FEI Number 05-03919	987		plied For	
Zip	Country	Zip	Country	5. Certificate of		\$8.75 Add	litional	
	6. Name and Address of Current	Registered Agent		7. Name and Ad	dress of New Registered			
			Name					
	RICHARD A. ERNATE 19 STE 270		Street Ad	ddress (P.O. Box Number i	s Not Acceptable)			
	RBOR, FL 34683		Sileet Ad	Juliess (F.O. Box Number 1	s Not Acceptable)			
	•							
			City		FL	Zip Code	9	
	named entity submits this statement fo	r the purpose of changing its reg	gistered office or	registered agent, or both,		familiar with,	and accept	
the obligat	tions of registered agent.							
0.044471.05								
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Agent signatur	re required when reinstating)	DATE			
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees			
10.		Trust Fund Con		☐ Added to Fees		tment of St	ate	
10. TITLE	Due by May 1, 2007	Trust Fund Con	stribution. [☐ Added to Fees	Florida Depar	tment of St	ate	
TITLE NAME	OFFICERS AND DIF TD MAKARA, SUSAN	Trust Fund Con	TITLE NAME	☐ Added to Fees	Florida Depar	tment of St	ate	
TITLE NAME STREET ADDRESS	OFFICERS AND DIF TD MAKARA, SUSAN POB 576	Trust Fund Con	11. TITLE NAME STREET ADDRESS	☐ Added to Fees	Florida Depar	tment of St	ate	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2007 OFFICERS AND DIF TD MAKARA, SUSAN POB 576 OZONA, FL 34660	Trust Fund Con	atribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Added to Fees	Florida Depar	TIMENT OF ST RECTORS IN Change	10 Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	Due by May 1, 2007 OFFICERS AND DIF TD MAKARA, SUSAN POB 576 OZONA, FL 34660 PD	Trust Fund Con	ATTIBUTION. [11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	☐ Added to Fees	Florida Depar	tment of St	ate	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2007 OFFICERS AND DIF TD MAKARA, SUSAN POB 576 OZONA, FL 34660 PD JOHNSON, BRUCE 13618 WINTERBERRY RIDGE R MIDLOTHIAN, VA 23112 PD ROSENBAUM, KATHY 1137 BASS BLVD	Trust Fund Con	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE THE NAME STREET ADDRESS CITY-ST-ZIP TITLE	☐ Added to Fees	Florida Depar	trinent of St RECTORS IN Change	10 Addition	
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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.

CITY-ST-ZIP

OZONA

CITY-ST-ZIP

HUS and Makain Susan Makara SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

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