

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # 715360

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



Principal Place of Business

C/O SYNDER & SPOERL
P. O BOX 844
PALM HARBOR, FL 34682

Mailing Address

C/O SYNDER & SPOERL
P. O BOX 844
PALM HARBOR, FL 34682



03262008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 05-0391987	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 A.
2706 ALTERNATE 19 STE 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

000000853934
04/17/08-80023-019 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MAKARA, SUSAN POB 576 OZONA, FL 34660
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, BRUCE 13618 WINTERBERRY RIDGE RD MIDLOTHIAN, VA 23112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BERRY, BRYAN 348 PENNSYLVANIA AVE 3 PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAKARA, SUSAN 338 PENNSYLVANIA AVE #1 OZONA, FL 34660
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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:

Susan Makara (Susan Makara)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/08
Date

787 785-3960
Daytime Phone #