

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 715360

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Entity Name:** MAGNOLIA WATERFRONT APARTMENTS #2, INC.

**Current Principal Place of Business:**

C/O SYNDER & SPOERL  
2706 ALT 19 N., SUITE 270  
PALM HARBOR, FL 34682

**New Principal Place of Business:**

**Current Mailing Address:**

C/O SYNDER & SPOERL  
2706 ALT 19 N., SUITE 270  
PALM HARBOR, FL 34682

**New Mailing Address:**

**FEI Number:** 05-0391987

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SNYDER, RICHARD A.  
2706 ALTERNATE 19 STE 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: TD  
Name: MAKARA, SUSAN  
Address: POB 576  
City-St-Zip: OZONA, FL 34660

Title: PD  
Name: CRAWFORD, SID  
Address: POB 576  
City-St-Zip: OZONA, FL 34660

Title: VPD  
Name: BERRY, BRYAN  
Address: 348 PENNSYLVANIA AVE 3  
City-St-Zip: PALM HARBOR, FL 34683

Title: SD  
Name: RICHARSON, GREGORY  
Address: POB 1072  
City-St-Zip: PALM HARBOR, FL 34682

I hereby 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 all other like empowered.

SIGNATURE: SUSAN MAKARA

TD

04/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date