

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90289 038 \*\*\*\*61.25

**DOCUMENT # 717750**

1. Entity Name  
**MAGNOLIA WATERFRONT APARTMENTS #3, INC.**



Principal Place of Business  
**C/O RICHARD A. SNYDER, CPA  
P.O. BOX 844  
PALM HARBOR, FL 34682-7844**

Mailing Address  
**C/O RICHARD A. SNYDER, CPA  
P.O. BOX 844  
PALM HARBOR, FL 34682-7844**



04132005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1445769**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**SNYDER, RICHARD A.  
2706 ALT 19 N  
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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME PIOTROWSKI, SAGE  
STREET ADDRESS 330 PENNSYLVANIA AVENUE  
CITY-ST-ZIP OZONA, FL

TITLE TD  
NAME MCDOWELL, ANN  
STREET ADDRESS 330 PENNSYLVANIA AVE.  
CITY-ST-ZIP OZONA, FL

TITLE S  
NAME POPPLETON, ANN  
STREET ADDRESS 330 PENNSYLVANIA AVE.  
CITY-ST-ZIP OZONA, FL

TITLE VD  
NAME RIEBEN, CONNIE  
STREET ADDRESS 330 PENNSYLVANIA AVE.  
CITY-ST-ZIP OZONA, FL

TITLE D  
NAME POPPLETON, JAY  
STREET ADDRESS 330 PENNSYLVANIA AVE  
CITY-ST-ZIP OZONA, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/05 x 727-787-2818