

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 12, 2008 8:00 am**  
**Secretary of State**

05-12-2008 90032 008 \*\*\*\*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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03262008

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-1445769**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SNYDER, RICHARD A.  
2706 ALT 19 N  
SUITE 270  
PALM HARBOR, FL 34683

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPD ☒ Change ☐ Addition  
NAME Piotrowski, Sage  
STREET ADDRESS  
CITY-ST- ZIP

TITLE D ☒ Change ☐ Addition  
NAME Poppleton, Ann  
STREET ADDRESS  
CITY-ST- ZIP

TITLE SD ☒ Change ☐ Addition  
NAME Rieben, Connie  
STREET ADDRESS  
CITY-ST- ZIP

TITLE TD ☒ Change ☐ Addition  
NAME Poppleton, Jay  
STREET ADDRESS  
CITY-ST- ZIP

TITLE PD ☐ Change ☒ Addition  
NAME Rieben, John  
STREET ADDRESS 330 Pennsylvania Ave.  
CITY-ST- ZIP OZONA, FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST- ZIP

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 20/04/08*  
*727*  
*787*  
*9777*