2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# 717750

Entity Name: MAGNOLIA WATERFRONT APARTMENTS #3, INC.

Current Principal Place of Business:

C/O RICHARD A. SNYDER, CPA
P.O. BOX 844
PALM HARBOR, FL 346827844

New Principal Place of Business:

C/O RICHARD A. SNYDER, CPA
2706 ALT 19 N, SUITE 270
PALM HARBOR, FL 34683

Current Mailing Address:

C/O RICHARD A. SNYDER, CPA
P.O. BOX 844
PALM HARBOR, FL 346827844

New Mailing Address:

C/O RICHARD A. SNYDER, CPA
2706 ALT 19 N, SUITE 270
PALM HARBOR, FL 34683

FEI Number: 59-1445769 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SNYDER, RICHARD A.
2706 ALT 19 N
SUITE 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:	VPD	( ) Delete
Name:	PIOTROWSKI, SAGE	
Address:	330 PENNSYLVANIA AVENUE	
City-St-Zip:	OZONA, FL	
Title:	D	( ) Delete
Name:	POPPLETON, ANN	
Address:	330 PENNSYLVANIA AVE.	
City-St-Zip:	OZONA, FL	
Title:	SD	( ) Delete
Name:	RIEBEN, CONNIE	
Address:	330 PENNSYLVANIA AVE.	
City-St-Zip:	OZONA, FL	
Title:	TD	( ) Delete
Name:	POPPLETON, JAY	
Address:	330 PENNSYLVANIA AVE	
City-St-Zip:	OZONA, FL	
Title:	PD	( ) Delete
Name:	RIEBEN, JOHN	
Address:	330 PENNSYLVANIA AVENUE	
City-St-Zip:	OZONA, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN RIEBEN PD 04/08/2009

Electronic Signature of Signing Officer or Director — Date