

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27357

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: MAGNOLIA WATERFRONT APARTMENTS COUNCIL, INC.

## Current Principal Place of Business:

2706 ALT US 19 N  
PO BOX 844  
PALM HARBOR, FL 346827844

## New Principal Place of Business:

2706 ALT US 19 N  
270  
PALM HARBOR, FL 346827844

## Current Mailing Address:

2706 ALT US 19 N  
PO BOX 844  
PALM HARBOR, FL 346827844

## New Mailing Address:

2706 ALT US 19 N  
270  
PALM HARBOR, FL 346827844

FEI Number: 59-2899995

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SNYDER, RICHARD A., CPA  
2706 ALT US 19 N  
SUITE 270  
PALM HARBOR, FL 34682 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: CD ( ) Delete  
Name: DICK, BETTY  
Address: 338 PENNSYLVANIA AVENUE  
City-St-Zip: OZONA, FL 34660

Title: TD ( ) Delete  
Name: CURRAN, GARY  
Address: 346 PENNSYLVANIA AVE  
City-St-Zip: PALM HARBOR, FL 34683

Title: SD ( ) Delete  
Name: JOHNSON, BRUCE  
Address: 13618 WINTERBERRY RIDGE RD  
City-St-Zip: MIDLOTHIAN, VA 23112

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change ( ) Addition  
Name: CRAWFORD, SIDNEY  
Address: P.O. BOX 576  
City-St-Zip: OZONA, FL 34660

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: BETTY DICK

DIR

04/08/2009

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

\_\_\_\_\_  
Date