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Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F96000003221 (6)**

1. Corporation Name
MANATEE POINT APARTMENTS, INC.

Principal Place of Business	Mailing Address
1117 PERIMETER CENTER WEST STE. E-300 ATLANTA GA 30338	1117 PERIMETER CENTER WEST STE. E-300 ATLANTA GA 30338-5417

3. Date Incorporated or Qualified: 06/25/1996
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 800 Mt. Vernon Hwy.	26 800 Mt. Vernon Hwy.
Suite, Apt. #, etc. 22 350	Suite, Apt. #, etc. 27 Suite 350
City & State 23 Atlanta, GA	City & State 28 Atlanta, GA
Zip / Country 24 30328 / 25 Fulton	Zip / Country 29 30328 / 30 Fulton

4. FEI Number: APPLIED FOR 58-2247526 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	ECHOLS, JOHN A	1.2 NAME	
STREET ADDRESS	1117 PERIMETER CENTER WEST, STE. E-300	1.3 STREET ADDRESS	800 Mt. Vernon Hwy. #350
CITY-ST-ZIP	ATLANTA GA 30338	1.4 CITY-ST-ZIP	Atlanta, GA 30328
TITLE	CVST ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	FLATTERY, JOHN T	2.2 NAME	
STREET ADDRESS	1117 PERIMETER CENTER WEST, STE. E-300	2.3 STREET ADDRESS	800 Mt. Vernon Hwy. #350
CITY-ST-ZIP	ATLANTA GA 30338	2.4 CITY-ST-ZIP	Atlanta, GA 30328
TITLE	DV ☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	INGRAM, STEVEN L	3.2 NAME	
STREET ADDRESS	1117 PERIMETER CENTER WEST, STE. E-300	3.3 STREET ADDRESS	800 Mt. Vernon Hwy. #350
CITY-ST-ZIP	ATLANTA GA 30338	3.4 CITY-ST-ZIP	Atlanta, GA 30328
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [illegible] REQUIRED 2/20/97 770 522 5775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0012169