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2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000133410 1. Entity Name ECHELON RESIDENTIAL OWNERS, INC.							FILED 04 APR 23 PM 4: 20					
Principal Place	of Business	6	Mailing Address				SECRETARY OF STATE TALLAHASSEE, FLORIDA					
235 3RD STREET SOUTH ST. PETERSBURG, FL 33701			235 3RD STREET SOUTH St. Petersburg, Fl 33701				1771213		C / 1 (2 (1 (1)	mer t		
2. Principal Pla	ace of Busin	ess	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				03122004	Chg-P	CR2E	034 (10/03)	04	
City & State			City & State				4. FEI Numb 54-210			<u> </u>	Applicable	
Zip	Country		Zip Coun		try	5. Centificate of Status Desired Fee Requ			\$8.75 Addi Fee Required			
	6. Name	and Address of Current	legistered Agent Nan			7. Name and Address of New Registered Agent						
		RVICE COMPANY			dress (P.O. Box Numb	er is Not Accept	able)				
1201 HAYS TALLAHAS												
1:				City				F	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 according to the purpose of changing its registered office or registered agent, or both, in the State of Florida.											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												
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.												
10.		OFFICERS AND	DIRECTORS	11.		11.		/CHANGES TO	OFFICERS AI			
TITLE NAME	DP COYNE.	JAMES A	☐ Delete	TITL NAM		V6	(010)	MD.		☐ Change	Addition	
STREET ADDRESS	l	LA FARMS DRT, CT 06880		EET ADDRESS Y-ST-ZIP	200 Nb	gletyatar	T 068	'				
TITLE	VS	TITE	.E	- 40	- [011], (☐ Change	Addition			
NAME STREET ADDRESS	LECLAIF 235- 3RD	NAM STF	ME REET ADDRESS									
CITY-ST-ZIP		RSBURG, FL 33701		_	Y-ST-ZIP	·-···	<u></u>			☐ Change	Addition	
TITLE NAME	☐ Delete TiTI						500033774915					
STREET ADDRESS CITY-ST-ZIP					REET ADDRESS Y-ST-ZIP		-					
TITLE		····	☐ Delete	TIT :						☐ Change	Addition	
NAME STREET ADDRESS				ST	REET ADDRESS							
CITY-ST-ZIP			☐ Delete	TIT	Y-ST-ZIP LE	_		<u>-</u>		☐ Change	Addition	
NAME					ME REET ADDRESS							
STREET ADDRESS CITY-ST-ZIP					IY-ST-ZIP	ļ	<u>.</u>					
TITLE			☐ Delete		ilė ime					Change	Addition	
STREET ADDRESS		1			REET ADDRESS TY-ST-ZIP							
			th this filing does not qualify is true and accurate and tha powered to execute this repo	for the extends to the total terms of the te	emption stat	ed in S ave the apter 60	Section 119.07(; e same legal eff 07, Florida Statu	3)(i), Florida Stat ect as if made u utes; and that my	utes. I further nder oath; tha r name appea	certify that the at I am an office ars in Block 10 c	information r or director or Block 11 if	
indicated on this report or supplemental report is tribe and accurate and that my signature shall have the same legal effect as in made linder of the corporation or the repeiver of trustee empowered to execute this report as required by Chapter 607, 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: Your Signature shall have the same legal effect as in made linder of the lock 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.												
SIGNATURE: SIGNATURE AND TYPED OF PRINTED MANE OF BIGNING OFFICER OR DIRECTOR Date Date Date Destine Proces #												

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ACCOUNT NO. : 072100000032

REFERENCE :

587209 7287317

AUTHORIZATION

COST LIMIT

\$ 150.00

ORDER DATE: April 23, 2004

ORDER TIME : 11:0 AM

ORDER NO. : 587209-020

CUSTOMER NO: 7287317

CUSTOMER: Ms. Amy Crisp

Airem Capital Group

Suite 200

235 3rd Street South

Saint Petersbur, FL 33701

ANNUAL REPORT FILING

NAME:

ECHELON RESIDENTIAL OWNERS,

INC.

CONTACT PERSON: DEBBIE SKIPPER - Ext.

XX ANNUAL REPORT PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS: