

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90169 020 \*\*\*150.00

DOCUMENT # P09281

1. Corporation Name

POST PROPERTIES, INC.

Principal Place of Business

4401 NORTHSIDE PKWY., STE. 800  
ATLANTA GA 30327

Mailing Address

4401 NORTHSIDE PKWY., STE. 800  
ATLANTA GA 30327

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/28/1986

4. FEI Number

58-1550675

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 PT ☐ DELETE  
NAME GLOVER, JOHN T  
STREET ADDRESS 3350 CUMBERLAND CIR #2200  
CITY-ST-ZIP ATLANTA GA 30339

1.1 TITLE PT ☒ Change ☐ Addition  
1.2 NAME Glover, John T  
1.3 STREET ADDRESS 4401 Northside Pkwy. Suite 800  
1.4 CITY-ST-ZIP Atlanta, GA 30327

TITLE EVP ☐ DELETE  
NAME PETERSON, TIMOTHY A  
STREET ADDRESS 3350 CUMBERLAND CIR #2200  
CITY-ST-ZIP ATLANTA GA 30339

2.1 TITLE VP ☒ Change ☐ Addition  
2.2 NAME Carlock, Jr., R. Byron  
2.3 STREET ADDRESS 4401 Northside Pkwy., Suite 800  
2.4 CITY-ST-ZIP Atlanta, GA 30327

TITLE C ☐ DELETE  
NAME WILLIAMS, JOHN A  
STREET ADDRESS 3350 CUMBERLAND CIR #2200  
CITY-ST-ZIP ATLANTA GA 30339

3.1 TITLE C ☒ Change ☐ Addition  
3.2 NAME Williams, John A.  
3.3 STREET ADDRESS 4401 Northside Pkwy., Suite 800  
3.4 CITY-ST-ZIP Atlanta, GA 30327

TITLE S ☐ DELETE  
NAME COHEN, SHERRY W.  
STREET ADDRESS 3350 CUMBERLAND CIR #2200  
CITY-ST-ZIP ATLANTA GA 30339

4.1 TITLE S ☒ Change ☐ Addition  
4.2 NAME Cohen, Sherry W.  
4.3 STREET ADDRESS 4401 Northside Pkwy., Suite 800  
4.4 CITY-ST-ZIP Atlanta, GA 30327

TITLE D ☒ DELETE  
NAME PARKER, WILLIAM A.  
STREET ADDRESS 3350 CUMBERLAND CIRCLE, STE 2200  
CITY-ST-ZIP ATLANTA GA 30339

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME BLANK, ARTHUR M  
STREET ADDRESS 3350 CUMBERLAND CIRCLE STE 2200  
CITY-ST-ZIP ATLANTA GA 30339

6.1 TITLE D ☒ Change ☐ Addition  
6.2 NAME Blank, Arthur M.  
6.3 STREET ADDRESS 4401 Northside Pkwy., Suite 800  
6.4 CITY-ST-ZIP Atlanta, GA 30327

14. I 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, with all other like empowered.

Post Properties, Inc.

SIGNATURE: BY: Sherry W. Cohen Sherry W. Cohen, Secretary (404) 846-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

001298