


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

0405039

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90059 041 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000006785

1. Corporation Name
ECHELON AFFORDABLE HOUSING, INC.

Principal Place of Business 1500 SECOND STREET SOUTH SUITE 1500 ST. PETERSBURG FL 33701 US	Mailing Address ONE PROGRESS PLAZA SUITE 1500 ST. PETERSBURG FL 33701 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/23/1997

4. FEI Number

59-3420655

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

21 450 Carillon Parkway

Suite, Apt. #, etc.

22 Suite 200

City & State

23 St. Petersburg, FL

Zip

24 33716

Country

25 USA

2a. Mailing Address

26 450 Carillon Parkway

Suite, Apt. #, etc.

27 Suite 200

City & State

28 St. Petersburg, FL

Zip

29 33716

Country

30 USA

9. Name and Address of Current Registered Agent

**GLATHORN JOHNSON, SUSAN
ONE PROGRESS PLAZA
SUITE 1500
ST. PETERSBURG FL 33701**

10. Name and Address of New Registered Agent

81 Name

Susan G. Johnson

82 Street Address (P.O. Box Number is Not Acceptable)

450 Carillon Parkway, Suite 200

83

84 City

St. Petersburg

FL

85 Zip Code
33716

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]
Signature typed or printed name of registered agent and title if applicable.

Susan G. Johnson

(NOTE: Registered Agent signature required when reinstating)

DATE

3/29/99

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	HIGGINS, RAYMOND F	
STREET ADDRESS	ONE PROGRESS PLAZA, SUITE 1500	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	

TITLE	DVT	<input type="checkbox"/> DELETE
NAME	HOBBS, JAMES R JR	
STREET ADDRESS	% ONE PROGRESS PLAZA	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	

TITLE	DVS	<input type="checkbox"/> DELETE
NAME	JOHNSON, SUSAN G	
STREET ADDRESS	% ONE PROGRESS PLAZA	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Raymond F. Higgins	
1.3 STREET ADDRESS	450 Carillon Parkway, Suite 200	
1.4 CITY-ST-ZIP	St. Petersburg, FL 33716	

2.1 TITLE	D/V/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	James R. Hobbs, Jr.	
2.3 STREET ADDRESS	450 Carillon Parkway, Suite 200	
2.4 CITY-ST-ZIP	St. Petersburg, FL 33716	

3.1 TITLE	D/V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Susan G. Johnson	
3.3 STREET ADDRESS	450 Carillon Parkway, Suite 200	
3.4 CITY-ST-ZIP	St. Petersburg, FL 33716	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE: *[Signature]* **Susan G. Johnson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/29/99

727-803-8200

Daytime Phone #

CR2E034 (11/98)