

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000048266

FILED
Apr 22, 2004
Secretary of State

Entity Name: EAST COLONIAL PROPERTY, INC.

Current Principal Place of Business:

800 N HIGHLAND AVE
200
ORLANDO, FL 32803 US

New Principal Place of Business:

Current Mailing Address:

800 N HIGHLAND AVE
200
ORLANDO, FL 32803 US

New Mailing Address:

FEI Number: 59-3456249 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, WARREN E
800 NORTH HIGHLAND AVE., STE 200
ORLANDO, FL 32803 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILLIAMS, WARREN E
Address: 28 WEST CENTRAL BOULEVARD
City-St-Zip: ORLANDO, FL 32801

Title: DPS () Delete
Name: CHIRA, LEE
Address: 800 N. HIGHLAND AVE #200
City-St-Zip: ORLANDO, FL 32803

Title: SV () Delete
Name: CARLTON, MICHELLE
Address: 800 N. HIGHLAND AVE #200
City-St-Zip: TALLAHASSEE, FL 32303

Title: AS () Delete
Name: WOOD, GREG
Address: 800 N. HIGHLAND AVE#200
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEE CHIRA

DPS

04/22/2004

Electronic Signature of Signing Officer or Director

_____ Date