---- PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000096988

ECHELON RESIDENTIAL INCORPORATED

Principal Place of Business Mailing Address								7 100 1100 1 10 1 10 1 10 1 10 1 10 1 1				18119 911:9 18191	10101 1011 1001	
1500 SECOND STREET SOUTH 1500 SECOND STREE						SOUTH	OUTH							
ST PETERSBURG FL 33701					ST PETERSBURG FL 33701					DO NOT WRITE IN THIS SPACE				
									-	Date Incorporated or Qualife		J-ACE		
									3.	11/12/1997	, u			
2. Principal Place of Business 2a. Mailing Address									—— - <u>-</u>	FEI Number		Δη	plied For	
⊢ .		-1	├ . .				*	59-3481036			t Applicable			
21 450 Carillon Parkway					26 450 Carillon Parkway Suite, Apt. #, etc.					35-340 1030	•	\$8.75		
Suite, Apt. #, etc.									5.	. Certifcate of Status Desired		Fee Re		
22 Suite 200					27 Suite 200 City & State					Floation Compaign Financin		\$5.00	May Ro	
City & State									6.	6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees				
23 St. Petersburg Country					28 St. Petersburg, FL. Zip Country					This corporation owes the current year Intangible				
<u> </u>	la.	7	USA	29	33716	30	7		"	Personal Property Tax.	unent year un		X ∏No	
24 33 / 16 25 USA 9. Name and Address of Current I							1		10.	10. Name and Address of New Registered Agent				
3. Raile and Address of Oditent Negletorod Agent							8	Name)					
GLATTHORN JOHNSON, SUSAN							Susan G. Johnson							
ONE PROGRESS PLAZA							82 Street Address (P.O. Box Number is Not Acceptable)							
SUITE 1500							450 Carillon Parkway, Suite 200							
ST PETERSBURG FL 33701]						
							84	1			FL	85 Zip (
AA December 15 Continue CO7 0502 and 607 1509 Florida Chabitas								l St	t. Peto	ersburg			716 registered	
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								S.		_	Lalea			
							 Johnson egistered Agent signature required wh 				124 149			
12.	Slovature, typed or	printed	OFFICERS AND		- ' '	JIE: Re	distered Age	nt signature		ADDITIONS/CHANGES TO	DEFICERS AN	ID DIRECTO	RS IN 12	
TITLE T	PD	V	OFFICERS AND	DIIL	☐ DELETE		1.1 TITLE			7.00.01.01.07.01.01.02.0 1.0 1		☐ Change	☐ Addition	
NAME		W	MICHAEL				1.2 NAME		D/P	inhaal Damen		-X	_	
AUT 00000000 DI 171 077 4700							W.			ichael Doramus	2000			
						1 20		300	N. Akard, Suite					
CITY-ST-ZIP	VV DELETE						24 1171 2			<u>Petersburg, FL</u>	-/520I	[X Change	☐ Addition	
1	430						D/V,						_	
NAME GLATTHORN JOHNSON, SUSAN						Sus		. 1	G. Johnson					
STREET ADDRESS ONE PROGRESS PLAZA, STE 1500						2.3 STREET ADDRESS 45(450 C	Carillon Parkway, Suite 200 Petersburg, FL 33716					
CITY-ST-ZIP ST PETERSBURG FL 33701							2.4 CITY- 3.1 TITLE	\$1-ZIP			33 <u>1</u> 10	[[*] Change	Addition	
TITLE	VT	1484							D/V/T					
HOBBWS, JAMES R JR							3.2 NAME			R. Hobbs, Jr.				
STREET ADDRESS ONE PROGRESS PLAZA, SUITE 1500 CITY-ST-ZIP ST PETERSBURG FL 33701										arillon Parkway		200	,	
CITY-ST-ZIP	ST PETERS	BUF	IG FL 33701		XX DELETE		3.4. C/TY-	ST-ZIP	St. P	etersburg, FL	33716	☐X Change	Addition	
I TOTALE					4F4F UELETE		■ 4 1 HII F					LZ3 Orienigo		

ST PETERSBURG FL 33701 CITY-ST-ZIP 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.

4, 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADORESS

CITY-ST-ZIP

CITY-ST-ZIP

TINSLEY, TIMOTHY S

HIGGINS RAYJOND F

JOHNSON, SUSAN G

ST PETERSBURG FL 33701

ST PETERSBURG FL 33701

ONE PROGRESS PLAZA, STE 1500

ONE PROGRESS PLAZA, STE 1500

ONE PROGRESS PLAZA, STE 1500

TITLE

NAME

TITLE

NAME

TITLE

NAME

Busan G.

DELETE

☐ DELETE

450 Carillon Parkway, Suite 200

Raymond F. Higgins

St. Petersburg, FL 33716

727-803-8200

FILED Mar 31, 1999 8:00 am

Secretary of State

03-31-1999 90060 010 ***150.00

Change

Change

Addition

☐ Addition