

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

DOCUMENT # P98000014798

1. Corporation Name

ECHELON GENERAL PARTNER AFFORDABLE HOUSING, INC.

Principal Place of Business

ONE PROGRESS PLAZA  
SUITE 1500  
ST PETERSBURG FL 33701

Mailing Address

ONE PROGRESS PLAZA  
SUITE 1500  
ST PETERSBURG FL 33701

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

03-31-1999 90060 008 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/12/1998

4. FEI Number

59-3493165

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

9. Name and Address of Current Registered Agent

JOHNSON, SUSAN G  
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 607.0508, 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.

Susan G. Johnson

(NOTE: Registered Agent signature required when reinstating)

3/29/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME HIGGINS, RAYMOND F  
STREET ADDRESS ONE PROGRESS PLAZA  
CITY-ST-ZIP ST PETERSBURG FL 33701

☐ DELETE

TITLE VSD  
NAME JOHNSON, SUSAN G  
STREET ADDRESS ONE PROGRESS PLAZA  
CITY-ST-ZIP ST PETERSBURG FL 33701

☐ DELETE

TITLE VTD  
NAME HOBBS, JAMES R JR  
STREET ADDRESS ONE PROGRESS PLAZA  
CITY-ST-ZIP ST PETERSBURG FL 33701

☐ DELETE

TITLE V  
NAME DORAMUS, W M EXECUT  
STREET ADDRESS ONE PROGRESS PLAZA  
CITY-ST-ZIP ST PETERSBURG FL 33701

☐ DELETE

TITLE V  
NAME TINSLEY, TIMOTHY S  
STREET ADDRESS ONE PROGRESS PLAZA  
CITY-ST-ZIP ST PETERSBURG FL 33701

☒ DELETE

TITLE S  
NAME CRISP, AMY L ASST.  
STREET ADDRESS ONE PROGRESS PLAZA  
CITY-ST-ZIP ST PETERSBURG FL 33701

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P  
1.2 NAME Raymond F. Higgins  
1.3 STREET ADDRESS 450 Carillon Parkway, Suite 200  
1.4 CITY-ST-ZIP St. Petersburg, FL 33716

☒ Change ☐ Addition

2.1 TITLE D/V/S  
2.2 NAME Susan G. Johnson  
2.3 STREET ADDRESS 450 Carillon Parkway, Suite 200  
2.4 CITY-ST-ZIP St. Petersburg, FL 33716

☒ Change ☐ Addition

3.1 TITLE D/V/T  
3.2 NAME James R. Hobbs, Jr.  
3.3 STREET ADDRESS 450 Carillon Parkway, Suite 200  
3.4 CITY-ST-ZIP St. Petersburg, FL 33716

☒ Change ☐ Addition

4.1 TITLE V  
4.2 NAME W. Michael Doramus  
4.3 STREET ADDRESS 500 N. Akard, Suite 3000  
4.4 CITY-ST-ZIP Dallas, TX 75201

☒ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan G. Johnson

3/29/99

Date

727-803-8200

Daytime Phone #

CR2E034 (1/98)