

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
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90059 045 ***150.00

0405167

DOCUMENT # P98000014806

1. Corporation Name

ECHELON AT CARILLON TWO, 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/12/1998

4. FEI Number

59-3494266

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

Country

24 33716

25 USA

2a. Mailing Address

26 450 Carillon Parkway

Suite, Apt. #, etc.

27 Suite 200

City & State

28 St. Petersburg, FL

Zip

Country

29 33716

30 USA

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 607.1508, 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 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 ☐ DELETE

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

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

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

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

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P ☒ Change ☐ 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/S ☒ Change ☐ Addition
2.2 NAME Susan G. Johnson
2.3 STREET ADDRESS 450 Carillon Parkway, Suite 200
2.4 CITY-ST-ZIP St. Petersburg, FL 33716

3.1 TITLE D/V/T ☒ Change ☐ Addition
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

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

6.1 TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan G. Johnson

DATE

3/29/99

Daytime Phone #

727-803-8200

CR2E034 (1/98)