


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

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

03-31-1999 90059 046 \*\*\*150.00

0405168

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000014808**

1. Corporation Name  
**ECHELON AT CARILLON THREE, INC.**

Principal Place of Business <b>ONE PROGRESS PLAZA SUITE 1500 ST PETERSBURG FL 33701</b>	Mailing Address <b>ONE PROGRESS PLAZA SUITE 1500 ST PETERSBURG FL 33701</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/12/1998**

4. FEI Number

**59-3494268**

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 450**

City & State

**23 St. Petersburg, FL**

Zip Country

**24 33716 25 USA**

2a. Mailing Address

**26 450 Carillon Parkway**

Suite, Apt. #, etc.

**27 Suite 450**

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

*Susan G. Johnson*  
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 ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☒ DELETE

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

TITLE ☒ DELETE

NAME **S  
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 ☒ Change ☐ Addition

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

2.1 TITLE ☒ Change ☐ Addition

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

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **D/V/T  
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:

*Susan G. Johnson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Susan G. Johnson**

DATE

**3/29/99**

727-803-8200

Daytime Phone #

CR2E034 (1/98)